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## At Dawn

1927

BY ROSEMARY T. KOBES, R.N.

ROYALLY would I walk into this New Year with a happy heart, a joyous hope, an heroic, unfaltering trust in Love and Goodness as the "final goal of ill," and a simple joy

"That finds the common daylight sweet,  
And leaves to Heaven the rest."

Whatever gods there be, I ask of them only to be sustained this day to do the duty nearest me, joyfully and sincerely, to be calm and strong in the dignity of confidence and the poise and quietness of spiritual strength amid the confusion and turmoil around me, that the inner light of exalted endeavor may ever shine as clear and constant as the eternal stars.

Though there may be sorrow, though the heart be heavy, may it bear all things quietly and alone, like a true philosopher who does not cry out at pain, disappointment and death, but buries his grief deep from human eyes, distilling love and sympathy from the flowers of sorrow and shedding only their perfume around him.

I would have my life ennobled and enriched by the consciousness that spirit-

ual attributes, only, are eternal. Then I shall find good in all, and look away from the outward faults and the ignorant thought and deed to the inward beauty which, dim though it may be, illumines every human soul. Perhaps it lies within me by guarding my thoughts and being slow to think evil of my fellow pilgrim, to make his light shine more clearly. At least, let me not scar my own soul by small and petty thinking, with self-pity or unworthy love "that seeks its own."

With kindly heart and royal mien I would walk happily through each day, wasting no time in vain regrets. When I make mistakes, I shall not sit down to grieve and worry. If these call for reparation, let that be accomplished, and then may I go triumphantly on my way again forgetting the errors and remembering only not to commit them again.

Above all, let me not take myself or others too seriously but keep alive within me

"That divine sense of humor,  
Which rainbows the tears of the world."



*New Year coming on apace  
What have you to give me?  
Bring you scathe or bring you grace,  
Face me with an honest face;*

*You shall not deceive me:  
Be it good or ill, be it what you will,  
It need shall help me on my road,  
My rugged way to heaven, please God.*

—CHRISTINA ROSETTI.

## Alabama Memorial Scholarship

BY CATHERINE A. MOULTIS, R.N.

THE Alabama State Nurses' Association has a scholarship fund for the education of public health nurses. This scholarship was first suggested in the summer of 1919 by Mrs. C. C. Adams, chairman of the Scholarship Committee of the Alabama Federation of Women's Clubs, of which the State Nurses' Association is a member. This suggestion was not acted on till the annual meeting of the Association in Birmingham, in 1920, when Linna H. Denny brought the matter before the meeting and urged that an active interest be taken in this proposed scholarship and that a vote of thanks be sent to the Federation for its interest in nursing affairs. A committee was appointed by the presidents of the districts to confer with the Committee on Scholarships of the Alabama Federation and the State Association voted to contribute \$500 to the scholarship as a memorial to the Alabama nurses who died in service.<sup>1</sup> This amount was not taken from the treasury, but was raised by the Districts as they saw fit. The sum was raised and duly turned over to the chairman of the Scholarship Fund Committee. The scholarship is really a loan and was originally intended for educating nurses for tuberculosis work; the beneficiary to devote her services for one year in the state. In 1925, when the Federation met in Mobile, it was decided that the scholarship be used for the education of public health nurses; the beneficiary to be selected by the Committee on Scholarships of the Federation and the State Bureau of Public Health; and that she

<sup>1</sup>Among those so honored by a memorial are: Mary Bide, of Birmingham, in France, after an operation; Alberta Jowers, of Selma, in camp, of influenza; Aline and Ossie Huston, of Talladega, at Camp McClellan, of influenza; Helen Wright, a student nurse, St. Margaret's Hospital, Montgomery, in camp, of influenza.

devote two years' service to state public health work. Since 1922, six nurses have availed themselves of this loan and have taken courses at Columbia University. They feel they have been greatly benefited. The fund at present, amounts to \$595, of which sum \$292 is available now, with \$303 out on loan. The loan is payable without interest for two years. The extra ninety-five dollars was donated by the Alabama Federation. Alabama nurses desiring information regarding this scholarship can obtain it by consulting the chairman of the Scholarship Fund of the Alabama Federation of Women's Clubs, Mrs. Wm. S. Pritchard, Birmingham. They are assured most courteous assistance.



### "The Filipino Nurse"

THIS new magazine is to be published quarterly "by and in the interest of the Filipino Nurses' Association," which was organized in 1922. With the appearance of this 62-page magazine, *The Message*, the magazine previously devoted to public health nursing, goes out of existence and the new magazine will have a department of public health nursing.

The Association, which has three sections, Educational, General, and Public Health Nursing, is composed of Filipino nurses. American nurses teaching in schools were invited to become honorary members of the association and members of the Educational Section. Alice Fitzgerald and her work in the Philippines are accorded a prominent place in this first and very excellent issue.



### Out of the Mail Bag

"I AM sorry I cannot send in a renewal. Last year it was sent as a gift, and I enjoyed it very much. When I get well and working again, I won't do without the *Journal*."

# Oxygen Therapy<sup>1</sup>

## *Its Development in the Treatment of Pneumonia*

BY ALVAN L. BARACH, M.D.

YOU are all familiar with the use of oxygen as a measure of last resort. You have observed patients dying with pneumonia to whose bedside an oxygen tank with its tube and funnel equipment were hurriedly brought. Oxygen was bubbled into a water-bottle, conducted through a tube into a glass funnel which was held in front of the patient's mouth and nose. That the use of oxygen in this manner has rarely averted a fatal outcome, has been such a common experience as to have justifiably created a strong impression that it was of no therapeutic value. Little, if anything, was known of the degree of oxygen-want from which the patient suffered. No conception of dosage in relation to the administration of oxygen was available. Furthermore, there was no way of measuring the effectiveness of the method employed.

The development of oxygen therapy in the treatment of pneumonia is primarily concerned with answers to these questions. Knowledge of the degree to which pneumonia patients may suffer from oxygen-want, the physiological effects of lack of oxygen in normal individuals, the recognition of the dosage factor in oxygen treatment and the introduction of effective methods, have placed the employment of oxygen on a new basis. Haphazard treatment is admittedly wasteful and useless. We have now to adjust our ideas to what may be accomplished by effective oxygen therapy properly controlled.

It will take a long time, doubtless, before the role of oxygen in the treatment of pneumonia may be concisely stated. The pendulum may swing back-

ward and forward for many years until both enthusiasm and pessimism, based on the treatment of small numbers of cases, are replaced by a well considered, impartial statement derived from the experience of many clinics over long periods of time.

The introduction of the arterial puncture by Hurter and its development by Stadie at the Hospital of the Rockefeller Institute afforded the means of determining the extent of oxygen deprivation in pneumonia. In normal individuals the arterial blood is 95 per cent saturated with oxygen. In pneumonia, it was found that the arterial saturation was 95 per cent in some patients, in whom no cyanosis was visible, and 60 per cent to 85 per cent in others, in whom varying degrees of cyanosis were present. The effect of this degree of oxygen-want was determined by Haldane, Barcroft and others, by placing normal individuals in chambers in which their arterial blood was lowered to a corresponding level by decreasing the concentration of oxygen in the air breathed. Symptoms of varying severity were produced, depending on the extent of oxygen-want, or anoxemia. Headache, irrationality and delirium, a rapid and progressive increase in pulse rate, rapid shallow respiration, nausea and vomiting, and a sense of fatigue, were the outstanding manifestations of moderately severe oxygen deprivation such as may be present in pneumonia.

Various methods of administering oxygen have been devised with the purpose of combating oxygen-want. The room air contains approximately 21 per cent oxygen. We have tested the efficiency of certain commonly used appliances. The tube and funnel method

<sup>1</sup>Read before the New York League of Nursing Education, Section 1.

furnishes between 21 per cent and 24 per cent oxygen, depending on the rate of flow of oxygen from the tank, a concentration too small to elevate the arterial oxygen saturation or remove symptoms of oxygen-want. Our experience suggests that the content of oxygen in the inspired air should be between 40 and 60 per cent before we can consider that the patient is being effectively treated. This is our conception of the dosage factor in the administration of oxygen. Less than 40 per cent is frequently too small to alter the anoxemia. More than 60 per cent oxygen is irritating to the lungs. The administration of (pure) 100 per cent oxygen to patients is dangerous and unjustified.

#### Nasal Catheter Methods

THE nasal catheter provides a varying amount of oxygen, depending on the rate of flow of oxygen from the tank. One litre of oxygen a minute, through a nasal catheter, enriches the inspired air to 25 per cent to 27 per cent oxygen; two litres per minute to 30 per cent to 35 per cent oxygen. This method may thus be considered in the slightly effective classification and is the easiest for routine adoption. The following points have been found helpful:

1. A catheter of small diameter, such as a No. 10 F, is to be preferred because the larger sizes are more uncomfortable and more apt to cause mouth breathing. Mouth breathing destroys the value of catheter oxygen treatment, as the oxygen passes in and out of the nares without enriching the inspired air.

2. It is advisable to have four holes placed in the terminal inch of the catheter, as clogging is less apt to take place, and as the high rate of flow is better tolerated than when one hole is present. In the latter instance, a vigorous stream of oxygen directed against the nasopharynx causes a burning painful sensation.

3. The catheter should be cleaned at least every 8 hours.

4. It should be put in place by passing it along the inferior surface of the nasal cavity until it strikes the posterior surface of the

nasopharynx; then it should be withdrawn one-half inch, passed over the forehead and fastened there with adhesive. In an adult, four inches is the usual distance to which the catheter is inserted.

5. Two catheters may occasionally be used with a connecting Y-tube. Patients may institute mouth-breathing with two catheters or complain of suffocation, and with them one catheter must be employed. For long periods of time, one catheter is better tolerated.

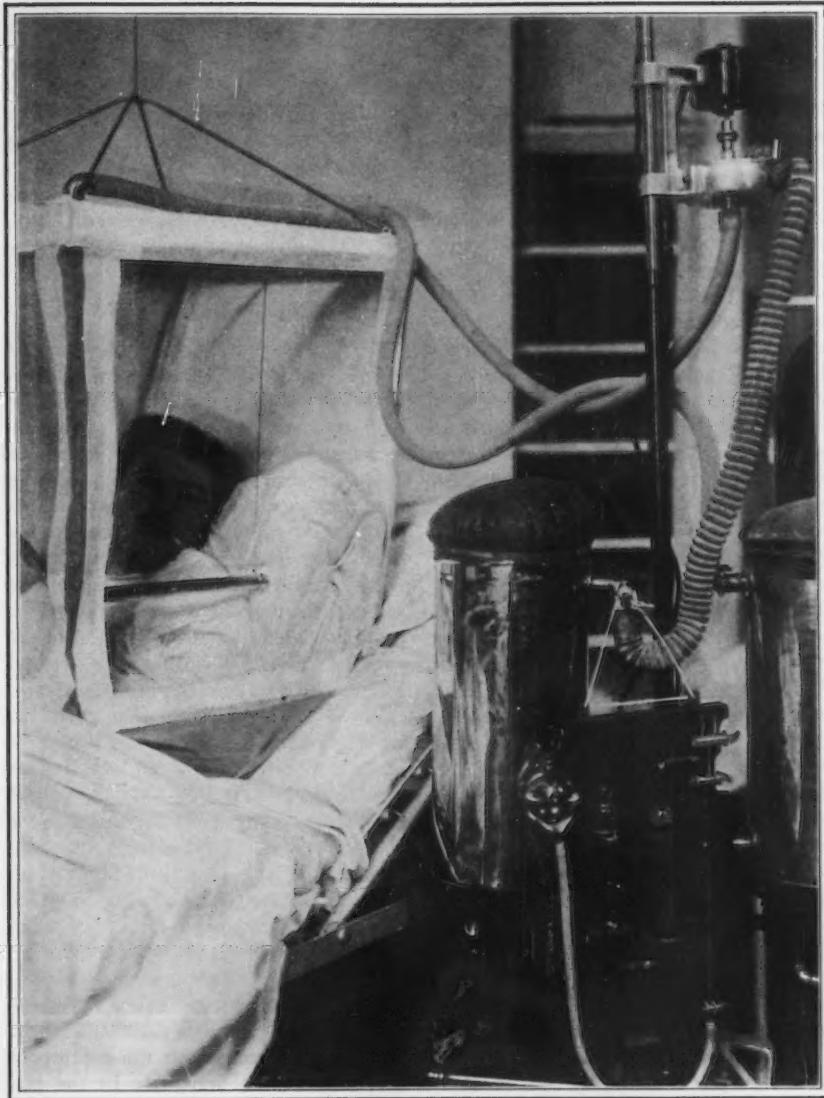
6. High pressure oxygen tanks seem the best way to employ this kind of therapy with assurance of a constant rate of flow. The low pressure tanks cannot be regulated at a given flow, because the diminishing pressure results in a gradually lessening output; they are not equipped with a gage. Furthermore, the expense of low pressure tanks is considerable, if 2 liters of oxygen are prescribed.

#### Cost of Oxygen

THIS aspect of the question is of importance, both from the standpoint of the hospital and that of private patients, and warrants further consideration.

At 2 liters a minute, the oxygen consumed in twenty-four hours is 2,880 liters, or 103 cubic feet. There are, in general, three common, low pressure tanks available, large, medium and small size. In the medium size, the charge to the hospital is 8.7 cents a cubic foot, or approximately \$9 for one day's treatment to one person. For the small size, the charge is 13.5 cents a cubic foot, or approximately \$14 for one day. With high pressure oxygen, either in the large or small size tanks, the charge is 1.55 cents a cubic foot, or \$1.60 a day. In outside private practice, the cost of low pressure oxygen tanks may be three times as much, where high pressure oxygen cost only one-half again as much as the hospital charge.

The disadvantages of the high pressure oxygen tank are the increased weight and the fact that a reducing valve has to be attached to the tank before it is used. We have employed rubber wheeled trucks for the large and small



OXYGEN TENT

high pressure tanks, which make them easy to move from ward to ward by nurse or orderly. With all types of high pressure oxygen tanks, care in adjustment of the reducing valve is necessary to prevent accidents.

#### Re-breathing Method

A MORE effective method of administration is the nose-piece re-breathing apparatus, consisting of a glass nose-piece, a soda-lime can covered by a distensible rubber cap, and appropriate

rubber tubing which conducts oxygen to the soda-lime can and connects the soda-lime to the patient. In this method, re-breathing of oxygen is instituted, soda-lime being used to absorb carbon through the patient's mouth and diluting this with air from his nose. It is more comfortable than a mask, but many patients object to its use over long periods. Furthermore, regulation of the oxygen concentration is difficult. Recently, we have substituted glass nose-pieces of varying size which are connected in circuit as the mouthpiece was. It consists of two glass tubes which fit into the nostrils at one end, and fuse at the other to make a single large glass tube which is connected by appropriate tubing to the rest of the apparatus. For the average case, one of the glass tubes is closed by a small cork and is not used and the other fits accurately into one nostril. In this way the patient breathes room air through one nostril and oxygen through the other.

Often a piece of thin rubber tubing about 5 inches (12.7 cm) in length, and of the same diameter as the glass tubing, is led off from the nose-piece and inserted into the nostril. This allows more movement on the part of the patient without disturbing the breathing of oxygen.

Theoretically, this affords a final mixture in the nasopharynx of 60 per cent oxygen, but actual measurements by catheter *in situ* demonstrate that 40 per cent is the rule.

It is more saving of oxygen to use a large nose-piece with only one tube inserted into a nostril than two tubes of a small nose-piece inserted into both nostrils. This method is more satisfactory, both from the standpoint of providing a 40 per cent oxygen mixture and from the standpoint of comfort of the patient, than any small portable apparatus we have encountered. In addition, 1 litre of oxygen per minute keeps

the re-breathing bag full and allows for all the waste.

When patients breathe wholly through the mouth, the mouthpiece has to be resorted to. There are patients, however, who will not submit to any appliance to the face whatever. For them, an oxygen-rich atmosphere must be provided.

#### Portable Oxygen Tents

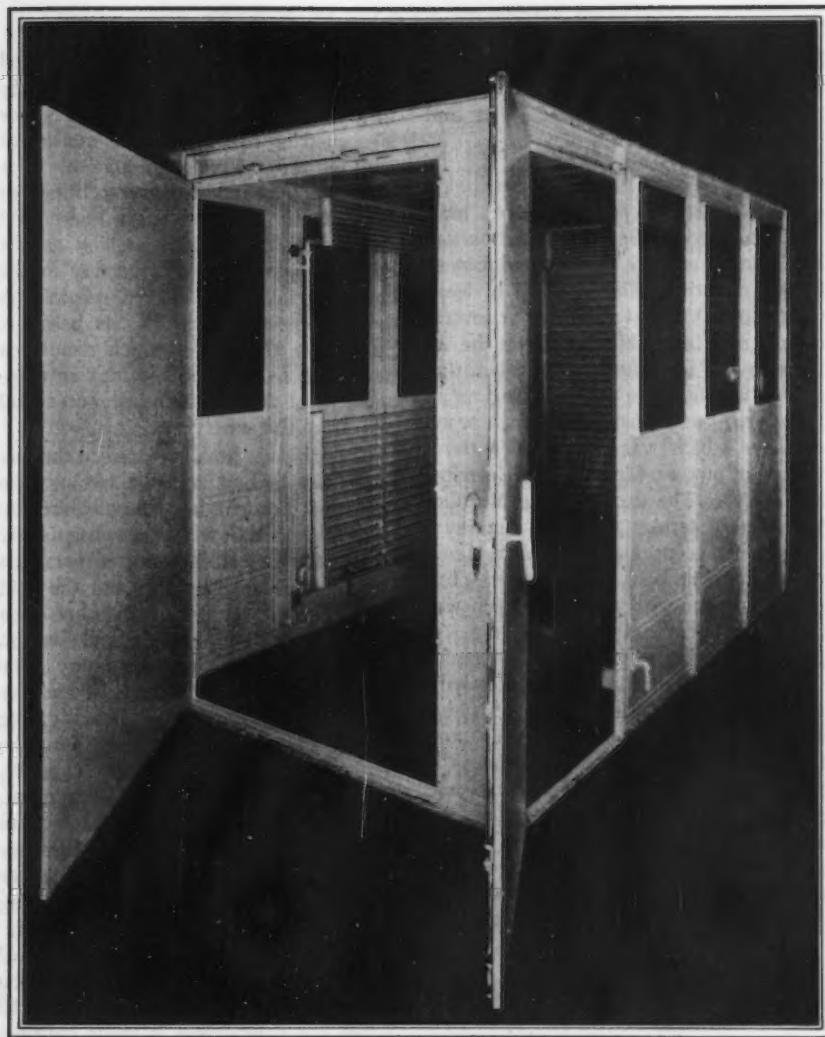
THREE years ago, Binger and I constructed a portable oxygen tent that had many of the advantages of an oxygen chamber, with the additional benefits of portability and decreased cost. It enclosed the entire patient in bed, was equipped with four windows and ventilated by a closed circuit power box which removed the carbon dioxide, moisture and heat. Roth, at about the same time, devised a head tent which enclosed the head and upper chest of the patient. Recently we have constructed a tent which utilizes the head tent principle of Roth, designing it larger and with more window space, and substituting a more effective as well as a simpler cooling device. With a light motor and fan, especially designed for this purpose by Warren E. Collins, the entire apparatus is easily portable. It provides a comfortable cool atmosphere in which the oxygen concentration can be maintained at the precise level desired. The material used is rubberized silk. The nurse feeds the patient and gives medicine by putting her arm under the fabric, without interfering with the continuous administration of oxygen. In the picture are seen two large metal containers, one of which contains soda-lime for the removal of carbon dioxide, and the other ice for cooling and drying the air. Every two hours the nurse removes the rubber cap covering the cooler and fills it with chunks of ice about the size of one's fist. The soda-lime lasts three to four days of continuous therapy. The nurse is

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OXYGEN CHAMBER IN USE AT THE PRESBYTERIAN HOSPITAL, NEW YORK CITY

instructed to test the soda-lime by bubbling air from the system into a red phenolsulphonephthalein solution. When the solution turns yellow, the soda-lime should be changed. An oxygen-testing apparatus is present for determining the concentration of oxygen in the tent, and is performed by the doctor in charge

four times a day. The oxygen is admitted from a high pressure oxygen tank equipped with a calibrated reducing valve. The valve is turned to 6 litres a minute, for five minutes, at the start and then reduced to 2 litres a minute, which maintains a concentration of approximately 40 per cent. This tent has

been found satisfactory for treating patients in the hospital and the home. The technic of operation both for doctor and nurse is easy to learn.

#### Oxygen Chambers

**S**INCE 1921, oxygen chambers have been used by Barcroft and Poulton, in England, and by Stadier and Binger in this country. They consist of leak-tight rooms, ventilated by one or several motors and fans which circulate the air through the soda-lime and refrigerating apparatus placed in an adjoining room. Last year we constructed an oxygen chamber which was ventilated without the use of motors, fans or other electrical appliances. The inside of the chamber was lined in certain places by aluminum pipe which contained circulating cold water from the cold water faucet. The air in contact with the cold pipes was chilled and deprived of its moisture. It passed to the floor of the chamber, under the bed, where it came in contact with soda-lime contained in a wire-mesh box, and ascended the opposite wall and thence back to the cold pipes, where the process was repeated. The heat of the patient's body is responsible for the ascent of air and the cold pipes for the descent of air. In this way a current of air is initiated at the rate of about 15 feet per minute.

#### Nursing Technic

**A**S seen in the picture, there are two doors, one for admission of the patient on a stretcher or bed, and one for use of doctor and nurse. The latter door has on its inside a curtain of rubberized silk which prevents the free dispersion of oxygen out of the room when the door is opened. With the help of Miss Young of the Presbyterian Hospital School of Nursing, the nursing management of the chamber has been

simplified. Each time the door is opened some oxygen is lost. The nurse, therefore, arranges her work so that the door is opened as few times as is consistent with the proper care of the patient. For example, by carrying several things at the same time, by keeping a liberal and varied supply of fluids as well as the medicine prescribed for the day in the chamber, saving of oxygen results. A detailed list of directions has been arranged by the school which enables a new nurse to carry on the nursing management of the chamber with occasional help from the supervisor.

Enough soda-lime is placed in the box under the bed to last one week. The patient is brought into the chamber on a stretcher or a bed, the doors are tightly closed, the oxygen is admitted from the calibrated reducing valve, and the cold water turned on. The chamber then runs itself. The oxygen and carbon dioxide are tested four times a day. The nurse takes care of the patient and the detail of the chamber. Clinically, the patient soon after his entrance into the tent or chamber, appears more comfortable, with the disappearance or diminution of cyanosis, decrease of restlessness and at times relief of dyspnea. In many instances there is a drop in the pulse or the respiratory rate or in both. Slowing of the pulse or respiration must be dissociated, as far as possible, from a fall in temperature, in order to ascribe the effect to the inhalation of oxygen. In Table 1 a comparison is made between the pulse and the respiratory rate before and after increase of arterial oxygen saturation.<sup>2</sup> The temperature has been added for the time these observations were made.

<sup>2</sup>Taken from "Methods and Results of Oxygen Treatment in Pneumonia," Barach, A. L. *Archives of Internal Medicine*. 37, 186, 211, February, 1926.

TABLE 1.—*Effect of Increasing Arterial Oxygen Saturation on Pulse and Respiration Rate*

Case	Increase of Arterial Oxygen Saturation, per Cent.		Change in Pulse Rate		Change in Respiration Rate		Change in Temperature Rate	
	Before	After	Before	After	Before	After	Before	After
1-----	67.6	85.5	126	112	62	48	104.0	104.0
2-----	73.4	90.0	120	110	58	48	103.0	102.5
3-----	68.5	90.2	140	88	54	32	103.0	100.4
5-----	88.2	93.8	106	94	38	34	104.4	104.0
8-----	83.8	96.1	118	110	38	30	102.8	102.4
9-----	73.5	84.2	120	124	45	30	102.8	102.0
10-----	83.0	89.8	120	120	35	30	104.5	104.3
11-----	87.9	90.1	112	100	38	34	103.8	103.5
12-----	81.5	85.7	112	112	40	40	103.0	103.0
13-----	85.8	89.9	130	120	35	35	104.5	104.0
14-----	63.2	89.5	120	110	28	24	102.4	102.0
15-----	72.6	91.2	110	100	36	20	101.6	99.6
16-----	82.1	91.2	130	36	32	103.0	103.0	

It is seen that in six cases, definite slowing of the pulse and in six cases, not necessarily the same, slowing of the respiratory rate occurred, unexplained by a fall in temperature. Thus, in Case 1, the pulse dropped from 126 to 112, and the respiratory rate from 62 to 48.

The clinical signs of improvement that were especially apt to follow inhalation of from 40 to 60 per cent oxygen were:

(1) clearing of cyanosis, (2) partial relief of dyspnea, (3) diminution of restlessness and promotion of sleep, (4) slowing of the respiratory rate and the pulse rate, more constant in

the severe cases, and (5) a tendency to lessened delirium.

The arterial oxygen saturation was increased in all the tested cases. In severe arterial anoxemia the inhalation of 40 to 60 per cent oxygen raised the arterial oxygen saturation substantially, but not to the normal level.

The value of oxygen treatment is felt to be supportive and not curative. In severe dyspnea with cyanosis, oxygen treatment has appeared to prolong life until such a time as the immunity mechanism was able to accomplish recovery.

## A Central Nourishment Kitchen

By ROSE RICHTER, Dietitian

WHEN I first came to Baylor University Hospital, I discovered the need of a central nourishment kitchen. When selecting a location, we found a room near the diet kitchen which had in it a large flat ice box with coils which furnished the ice water for the drinking fountains throughout the hospital. After putting two trays into this ice box, it was very nice for crushed ice and for all the nourishments after they were made up and ready to be served. We have a very competent woman in charge, but by

having this kitchen near the diet kitchen, I can give it personal supervision. We equipped the room with suitable tables, a sink, gas plate, cabinet, desk, and an electric mixer and fruit juice extractor.

All requisitions are sent down by eight o'clock each morning. A nurse from each division goes down for the nourishments at ten, at three and at eight o'clock. Sufficient supplies are made in advance, so that the nurses do not lose any time. In fact, it does not take as much time as it would to make one or

two malted milks on the division. Student nurses requiring extra nourishments between meals may obtain them on a requisition from the Superintendent of Nurses.

In our hospital of 375 beds, we serve an average of 6,500 nourishments, and during the hot summer months, they run up to 8,000, at an average cost of five cents. We use only first grade sup-

plies and our nourishments are all made by our own standard tested formulas. Under this arrangement, we save daily about one box of oranges, six dozen eggs, six dozen lemons, eight quarts of milk, sugar and cocoa. Our object was not merely to save, but our nourishments are better made, more attractively served, the patients get more and at regular hours.

## If Chilblains Come

By MICHAEL SIMKO, Chiropodist

THE most certain way to acquire chilblains is to stand around on a wet pavement while wearing tight garters, silk stockings, and thin-soled pumps which are not quite large enough. Restricted circulation and exposure to dampness and cold are sure to hang up the welcome sign for the chilblain. When the teacher told us that a chilblain is a local inflammation of the skin due to vasomotor paralysis and produced by exposing the affected parts to cold, she was five-fifths right.

A burning itching sensation and a localized bluish-red area upon the toes or the heel will assure the afflicted patient that winter has arrived. In mild cases, preventive measures promise relief. Shoes of a soft leather, well fitting and comfortable, are in demand. Since warmth is very essential to the foot, galoshes are advisable, particularly during inclement weather, to guard the extremities against dampness.

Where the condition is more obstinate, a recourse to 10 per cent ichthyl ointment is suggested. Rub the ointment into the inflamed part with a gentle massaging motion. An occasional painting of the parts with tincture iodine,  $3\frac{1}{2}$  per

cent, will help sometimes, but frequent use of this is to be guarded against, as the tissues are usually in a too weakened state to withstand the action of iodine. The following liniment, if rubbed over the inflamed section, will prove quite helpful: chloroform 1 part, spirits of turpentine  $3\frac{1}{2}$  parts and olive oil  $3\frac{1}{2}$  parts. Where itching makes life more disagreeable, rubbing the parts with camphorated soap liniment or applying ichthyolated collodion will allay the torment.

When the chilblain is so severe that blebs or ulcerations are in evidence, the patient would do well to consult a physician or a chiropodist. Antiseptic remedies, such as wet dressings of Burow's solution, are commonly prescribed. The sufferer of recurrent chilblains should not wait till she feels the tingling itching which ushers in the chilblain; she should shake the moth balls out of her silk-and-wool hosiery, dust off the galoshes and bring them into service before Jack Frost beckons to King Winter.

Foot warmth, comfort and free circulation will adequately prove that an ounce of prevention is worth a pound of cure.

# Pittsburgh Opens Its Nurses' Club

*A Description of the Steps Which Led up to This  
Cheering Achievement*



CORNER OF LIVING ROOM

PUBLIC attention in Pittsburgh has been so centered upon medical-hospital advancement during the past few years, that it is no surprise to learn that the graduate nurses of that area have heightened their prestige and morale by founding a Nurses' Club. The new clubhouse, within a stone's throw of what will be one of the country's great medical centers, was opened in June with an appropriate housewarming. It is now, as Ma Pettingill has it, "a going concern." For that matter, it was a going concern even before the official opening, for long before the painters had finished their work on the exterior,

the club was under way, with most of its rooms occupied and its dining room doing valiant service in behalf of many nurses' organizations.

The opening, of course, was merely the climax to years of hopeful planning. At least one year and a half ago, the definite effort leading toward completion of the clubhouse was begun. Just how the graduate nurses of the Pittsburgh area proceeded to obtain their clubhouse, how they met each separate problem as it presented itself, may be of interest to aspiring nurses of other sections.

To begin with, it was the nurses'

decision that a nurses' club, as a matter of course, should be self-sustaining. This narrowed proposed methods of finance down to the sale of bonds, both to the members themselves and to the interested public. At the outset, several distinct problems, contingent upon one another, presented themselves. Before the club-house could be purchased, it was necessary to know just how much money could be raised. Before bonds could be sold, it was necessary to find and make preliminary arrangements for a suitable building in a convenient location, and what is more, to know what the cost was going to be. Furthermore, for the bonds to be legal, the association had to be incorporated and a trustee obtained. One by one, the officials of the nurses' organization threaded their way through this maze of practical complexities.

It was decided to save time, effort and money by employing in an advisory capacity, someone experienced in fund-raising. The plan called for the sale of bonds to members of the club on the basis of "Not a gift but an investment."

To understand something of the background, it is best, perhaps, to go back to the early days of the nurses' organization. Fourteen years ago, the graduate nurses of Western Pennsylvania formed what later became the Sixth District Association of the Graduate Nurses' Association of Pennsylvania, an organization which today has 1,600 members. One of the first questions considered was the feasibility of a central clubhouse as a headquarters for the various societies identified and allied with the nursing profession. Many of the women active at that time have watched this idea grow. Although the subject was constantly discussed, no practical step was taken until early in 1925, when the board of directors and officers of the Association decided to face the issue.

#### Selling Bonds

THE stage was set for the bond sale, preliminary to the nurses' annual banquet, at which results were to be crystallized. With alacrity the nurses of the various hospitals gave response. When the banquet was held, with six hundred present, friendly rivalry among the alumnae of the various hospitals had been whetted to a keen edge. To capitalize this spirit, the nurses were grouped at tables in accordance with the hospitals of which they were graduates.

The preliminaries of the banquet over, the taking of subscriptions began. Pledge cards had previously been distributed. The spokeswoman of each group was called upon to indicate how many bonds the alumnae of her hospital would take. Steadily the fund increased. When the auditors had completed their report, it was found that a fund of \$33,600 had been pledged. Thus Tuesday, May 19, 1925, became a red-letter date in the annals of the Nurses' Club of Pittsburgh.

The follow-up work, in which the club also had professional assistance, was efficiently done. Personal calls and letters, organized by the campaign manager, to those who could not attend the dinner, ultimately brought the fund to \$42,000. With this sum, the committee proceeded to purchase a suitable property. After considering several, that embracing three buildings at 3344-46-48 Fifth Avenue was bought. It was central, convenient to transportation, had agreeable surroundings, was near the developing medical center of the University of Pittsburgh and within a few minutes' walk of Carnegie Library. The price was \$50,000. The deal was closed by securing a \$40,000 purchase mortgage from the Peoples' Savings and Trust Company.

The first two problems solved, the committee next proceeded to issue the

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bonds and collect the pledges taken at the banquet. A bond issue of \$75,000 was authorized, of which \$60,000 was to be issued for the payment of the balance due on the property, and for improvements and furnishings, as well as payment of the purchase money mortgage. The bonds were issued in \$50 denominations, payable in four monthly instalments of \$12.50 each. Acting on expert advice, a type of first refunding mortgage bond was chosen. The bonds pay six per cent interest and are tax-free in Pennsylvania. They are a first lien on the land and buildings of the club, subject only to the priority of the purchase money mortgage.

While an issue of \$75,000 was authorized, not all of this has been issued and it may be that it need never be issued, as the club is already in a fair way to paying expenses. The money received from club dues, from rent for the sleep-

ing rooms, use of the auditorium, and offices of various nursing organizations, together with money received from card parties, dances, etc., are already enabling the club to meet the bond interest. Commencing March 1, 1928, a sinking fund of \$200 a month will be established with which to retire bonds, either called in by the trustees at a stipulated price of \$102 and interest, or to purchase bonds that may be picked up on the open market at less than that figure. Insurance policies totaling \$40,000, payable to the trustee, are carried on the property and equipment.

As remodeled, the clubhouse contains two spacious living rooms, tastefully furnished with oriental rugs, overstuffed tapestry furniture, floor lamps and draperies. At the left is an auditorium capable of seating two hundred persons comfortably, with men's and women's dressing rooms on the second floor. In



CORNER OF ENCLOSED PORCH USED AS DINING ROOM

the rear are the executive offices of the club, and a private dining room beautifully furnished in mahogany. The kitchen connects with both the private and the general dining room, which is one of the features of the club. Large enough to serve one hundred persons, this dining room, glass-enclosed and informally furnished, extends the entire width of the property, spanning the driveway which separates two-thirds of the clubhouse from the rest. The color scheme is carried out in blue and gray, with yellow and blue chintz curtains. The room overlooks a beautiful garden of shrubbery and plants in which a fountain stands as the central figure.

The upper floors are devoted to single and double sleeping rooms, all well lighted and comfortably furnished. The Club has facilities for forty-two resident members, and is filled; with a waiting list for others. As the pictures show,

the living rooms, dining rooms and bedrooms are planned to afford real home life to the nurses.

The present administration is carrying through the plan as started last year, with the added stimulus provided by the fact that a clubhouse has been obtained. Incidentally, the Pittsburgh public has been convinced that Pittsburgh's nurses can stand on their own resources. When the time comes for a larger structure, designed as a Nurses' Club, the way will have been prepared for broad public support.



#### The Journal Index

THE index for Vol. XXVI of the *Journal* will be sent, sometime in January, to anyone who desires to bind her *Journals*. There is no charge except for postage, a two-cent stamp enclosed with the order. Address, The American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

# Prenatal Education

## *A Two-year Demonstration in Manchester, N. H.*

BY MARY D. DAVIS, R.N.

**P**RENATAL education is the fundamental of all health work. Then, why have we neglected and why do we continue to neglect giving every girl this valuable and vital education during her school life? Why wait until she is about to become a mother to acquire this knowledge of maternity by hard experience, many times semi-invalidism for the rest of her life and sorrow by the loss of her first baby? Our laws forbid sending young women into the other vocations and professions of life without proper training, but for this universal and most important vocation we do not prepare them.

Following is a brief resumé of the two-year prenatal demonstration in Manchester, N. H., carried on by the New Hampshire State Board of Health, Division of Maternity, Infancy and Child Hygiene, the procedure of organizing and carrying on the work, and the results obtained.

The section chosen for the work had a population of approximately 30,000 people with an annual birth rate of 600.

The infant mortality rate under 1 yr. was 99.16  
The infant mortality rate under 1 mo. was 52.46  
Stillbirth rate..... 35.26  
Maternal mortality rate..... 5.97

An infant welfare program had been carried on in the district for the previous seven years, but practically no organized prenatal work had been done. The infant mortality had dropped, but the rate under one month and the stillbirth rate had increased.

The prenatal demonstration was put on in the nature of an experiment to prove conclusively what could be done by supervision, teaching, and preparation during the prenatal period.

A nurse, to successfully carry on pre-

natal work, must be able to teach, must have the ability to gain the mother's confidence, must be sympathetic and enthusiastic, and have a thorough belief in the work. If she has not these requirements, she will fail in putting across to any individual or group what she is trying to do. Entering a home to visit an expectant mother for the first time, especially the mother who has already had children without the benefit of prenatal care, meeting her argument for and against it, succeeding in developing in her mind a new attitude toward her privilege of maternity and her duty to her unborn baby and herself, and having her become interested, is doing a good piece of health work.

Before the demonstration opened, we visited every physician in the district, telling him of our plans, asking him for his advice and coöperation. We started our work with 13 prospective mothers, and admitted 739 new cases during the two-year period. New cases were referred to us from every source—physicians, nurses, welfare organizations, letter carriers and policemen—but the greatest source was our supervised mothers. So successful was this demonstration by word of mouth that we had requests for written advice and literature from Canada, Florida and France.

We tried, in every case, to work with the family physician and to reach the mother as early in pregnancy as possible, so that we might give her thorough prenatal care. If she was not under her physician's care, we advised medical supervision at once, teaching the necessity and value of early physical examination. When the mother was under the physician's care we continued on the case, coöperating with him as he

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desired and reporting the mother's condition by form card or telephone after conference or home visits. Many times a mother realizes the need of medical supervision but cannot afford repeated prenatal visits to the physician. If the cost of the prenatal care were included in the total bill, we would have more mothers seeing their physician early.

Our routine care consisted of regular home visits, blood pressure and urine tests and mothers' classes. Wassermann tests were advised as indicated. Hospital care at time of confinement or trained nursing care at home was urged in every case. This was possible by coöperating with our hospital and bedside nursing agencies.

One of the most interesting parts of any prenatal program is teaching the mother in her home or in the classroom the preparation for the lying-in period. A mother does not always understand the other aspects of prenatal care, but this part of it appeals to her because she can visualize it and many times knows from past experience how necessary to her safety and comfort proper preparation is. Especially is this true if she is to be confined at home and must consider every detail from a financial viewpoint.

One of the finest forms of teaching is the group method or class work, and our mothers' classes were organized at the beginning of the demonstration. These also were in the nature of an experiment, as we were a bit dubious regarding the attitude of the mothers themselves toward this form of teaching. That was definitely and finally answered by the attendance. During the two-year period, eighty-six classes were held, with an attendance of 1983. We started our classes with an attendance of 10 mothers and during the entire last year of the demonstration the average attendance was 35.

Weekly classes were held in the afternoon, with one night class a month for

the mothers who worked or were unable to come during the day. A course of 9 lessons was given which consisted of lectures and demonstration on the science of life, the hygiene of pregnancy, proper food and its preparation, correct clothing for the expectant mother, preparation of the room and bed for labor, the obstetrical package and baby's layette, toilet tray, bed and bath. One talk was entirely on infant hygiene, stressing the value and duty of breast feeding, the necessity of medical supervision and periodic examination of the new baby.

Our class routine was as follows: A hostess for the day had been previously appointed from the class. Owing to the fact that mothers entered the class at different periods of pregnancy, new mothers were admitted each week. A new mother was always introduced to every mother in the class. The mothers arrived about two o'clock. Before the class opened, the general waiting room was arranged in forum fashion, with a large table in the center of the room, and individual chairs grouped about. The demonstration or exhibit for that lesson was assembled on the table and suitable posters regarding the day's work were on display. After the class this table was used by the mothers for cutting patterns and preparing the obstetrical package. Goods at a minimum cost for the obstetrical package were always kept on sale at the conference room. A corner of the room was always prepared for an obstetrical case, as many mothers were unable to come but once, and we tried to give them intensive instruction at that time. One-half hour was given for the lesson or demonstration of the day. The remaining half hour was given over to a quiz by the nurse and questions from the floor. One mother, or a group of mothers, was then appointed to repeat the demonstration of the day or the demonstration of the previous week for

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the class. They took great pride in doing this and followed instructions remarkably well. It gave them confidence in themselves and brought out many questions. It also established a feeling of frankness and good fellowship among the women and gave the nurse conducting the class an opportunity of finding out how much of her instruction the class was really getting. After the lesson, light refreshments were served by the hostess, assisted by the other mothers. Each mother was then given the opportunity of a private visit with the nurse. If she was not under her physician's care, she was weighed, blood pressure and urine tests made, temperature, pulse and respiration taken and recorded. We found there were many new friendships formed and much mutual help given through the classes; also, there was some psychologic action in grouping these mothers for prenatal education. When women see other women

seeking this knowledge of maternity and infancy they sense better the value and necessity of it and are more anxious for it, themselves.

#### Future Mothers

**A**T the request of the school authorities, a modified course in the hygiene of maternity and infancy is yearly given to members of the senior home economics class at the Manchester West Side High School. The course is given during school hours and credits are given for it. The teacher reports that the young women look forward to this part of the year's work; they receive it wonderfully well; and they are intensely interested in it.

For those mothers unable to attend the classes the same routine of teaching was carried on in the home. Home visits were made as often as the nurse judged necessary. To the mothers who were to be confined at home, we stressed the use

of the sterilized obstetrical package. Demonstrating to the mothers the making and sterilizing of this package gave to the nurse the opportunity of teaching the meaning and value of asepsis and surgical cleanliness, and the danger of infection during the labor and parturition periods.

#### Directions for the Maternity Package

1. Large Pad. 36 in. by 36 in., made of 12 or more thicknesses of newspapers and covered with clean white cotton cloth. Newspapers should be loosely caught together with strong linen thread and the covering basted all around the edge. (This pad is not sterilized.)

2. Small Pads. 9 small pads 30 in. by 22 in. This allows a fresh pad each day. Small pads should be made and covered in the same way as the large delivery pad. (These pads are not sterilized.)

3. Sanitary Pads. 3 dozen, cut gauze (18 yards) 12 in. by 18 in. Cellucotton makes an excellent substitute for cotton. Cut cellucotton for pads 7 in. by  $3\frac{1}{2}$  in.

4. Cotton Balls. 2 dozen cotton balls, made of absorbent cotton, these to be used by the physician during delivery.

5. Cord Dressing. 12 sponges, cut gauze, 9 in. by 9 in. Turn in the edges, and fold three times. Place 3 pieces of 12 in. linen tape in one sponge.

6. Towels. 1 towel 28 in. by 15 in. (for use of physician.) 4 towels 28 in. by 15 in. (These are to be used as drape towels by the physician during delivery.)

#### Economy of Gauze

**I**N order to economize on gauze when preparing for pads, it is advisable to use a board 18 in. by 9 in. and one inch thick. Wrap gauze around board, starting at center, turn board 24 times; measure 12 inches from the selvedge of gauze and cut. This will give material for three dozen pads.

One 2-pound package of cellucotton is sufficient to make three obstetrical packages.

One pound of absorbent cotton will provide balls and leave enough for general use for three obstetrical packages.

Twenty-five yards of gauze is needed for sanitary pads and sponges. (18 yards for pads, 7 yards for sponges.)

#### Preparing Outfit for Sterilizing

**D**IVIDE sanitary pads into 6 packages (6 to a package.) Cover each package with clean white cloth and pin carefully.

Wrap cotton balls in clean white cotton cloth.

Wrap towels in cloth.

Make 4 packages of sponges for cord dressing. Cover and fold in edges. Make separate package of sponge containing pieces of linen tape.

Write on each package plainly, with ink, name of article and its use.

Sterilize, and when thoroughly dry, place all packages in one bundle, carefully covered with clean cloth or white paper.

Packages may be sterilized by steam or dry heat.

#### Interesting the Women's Clubs

**D**URING the demonstration we established five centers in the city where the maternity package might be obtained in emergency cases. These packages were prepared by women's clubs in different sections of the city. The goods for the first three packages were given free to the club, by the State Board of Health. The nurse demonstrated to the club the preparation and sterilization of the package. They were placed in drug stores and sold for \$2, the money being returned to the club to buy new supplies to carry on the work. There were 441 packages prepared by mothers at home and fifty-two by the clubs. They are still in continual demand and the physicians using them praise them highly, finding them complete and satisfactory.

One or more postnatal visits were made on each mother as circumstances required. A postnatal examination was always advised at the end of the sixth week.

Wonderful coöperation was received from physicians, nursing and social service agencies. There was no physician called upon during the demonstration who refused his coöperation and who did not highly approve and commend the prenatal program.

Following are the complete figures of the demonstration. We would call attention to the tables at the end of the report. Note carefully the difference

between the supervised and unsupervised cases. Notice also the astounding difference in the mortality rate under one month where the mother received prenatal care, compared with those who did not.

#### Demonstration Opened with 13 Cases

New cases admitted.....	739
Cases dismissed.....	619
Living births.....	503
Stillbirths.....	9
Deaths during pregnancy.....	1
Deaths during puerperium.....	1
Delivered at home.....	455
Delivered at hospital.....	57
Total visits made.....	8,814
Prenatal.....	3,592
Postnatal.....	1,083
Babies.....	1,790
Business, social service, etc.....	2,349
Mothers' classes.....	86
Attendance.....	1,983
Exhibit arranged.....	92
Demonstrations.....	2,493
Obstetrical packages prepared.....	493
Miscellaneous discharges (physicians, nursing organizations, moved away, etc.).....	107
Cases on file at end of demonstration.....	131

#### Comparisons

*Total rates for West Manchester last complete year of demonstration:*

Infant mortality rate.....	99.7
Infant mortality under one month.....	45.5
Stillbirth rate.....	35.4
Maternal mortality rate.....	5.0

#### Rates for Supervised Cases:

Infant mortality rate.....	28.9
Infant mortality under one month.....	21.5
Stillbirth rate.....	17.9
Maternal mortality rate.....	3.5

These figures give us a definite idea of the fundamental work there is to be done along this line of health education and the results that can be obtained. *It is only when every physician, every nurse, every health organization and every school superintendent realizes and faces his responsibility that we will obtain results.* Simply advising a mother to see her physician, or telling her the necessary things to get ready is not doing prenatal work. To do it well and get results, requires a well organized, supervised, concentrated prenatal program, private or official, coöperated closely with the medical profession. Given a five-year period of this intensive work, the maternal and infant mortality table of any city or section would present a different picture than at the present time.

## The Official Grading Committee Program

BY MAY AYRES BURGESS

THE third meeting of the Committee on the Grading of Nursing Schools was held in New York City on November 18, 1926. The outstanding events of the meeting may be listed as follows:

1. The adoption of a five-year program and budget.
2. The planning of a financial campaign.
3. The election of Nathan B. VanEtten, M.D., as a member at large, to represent the general practitioner. Dr. VanEtten in addition to being a successful practitioner in New York City, is keenly and actively interested in nursing education.
4. The announcement that Janet M. Geister,

newly appointed Director at Headquarters of the American Nurses' Association, has consented to serve as Nurse Consultant to the Grading Committee.

#### The Program Adopted

ALTHOUGH several preliminary meetings had been held, the actual organization of the Committee on the Grading of Nursing Schools did not occur until November 4, 1925. The first duties of the joint Committee were to establish a central office; secure a Director to carry on the study; and formulate a platform upon which all members could whole-heartedly agree. These

steps were consummated by the second meeting of the Committee, last April. The newly appointed Director, Dr. May Ayres Burgess, who is an educator and statistician, but neither a physician nor a nurse, and who was therefore unfamiliar with the field, was instructed to make a careful survey and to prepare a program, based on the platform adopted at the April meeting and covering approximately a five-year period.

After an intensely interesting session, lasting from ten in the morning until nearly six, the proposed program was adopted. It calls for a broad research and publicity program, covering what will probably be a five-year period. The plan is so arranged, however, that if for any reason work has to be stopped or the budget curtailed at the close of any year, the work up to that time will be a completed unit. Under the plan, yearly publications will make the findings of the Committee available to the allied professions as rapidly as they can be formulated.

#### The Grading Plan

THE program is divided into three projects. Each project is carried through the whole five-year period, but with emphasis shifting from one to the other. The first and second years concentrate on Project 1, a Study of Supply and Demand of Nursing Service (which involves the problem of the nursing shortage) and will end with a monograph report. The third and fourth years will follow up on Project 1 but concentrate on Project 2, A Job Analysis of Nursing and Nurse Teaching, (a study, that is, of how nurses should be prepared for nursing service), and end with a monograph report on Project 2. Project 3, the actual Grading of Nursing Schools, is to receive steady attention throughout the first four years, but will become the chief activity of the fifth year, and will, in its turn, result in a monograph report.

It is believed that this plan of taking up one project at a time, carrying it through swiftly to completion, formulating the results in a printed monograph, and then concentrating upon the next project, is an economical and effective procedure for the small office.

#### Project 1, Supply and Demand

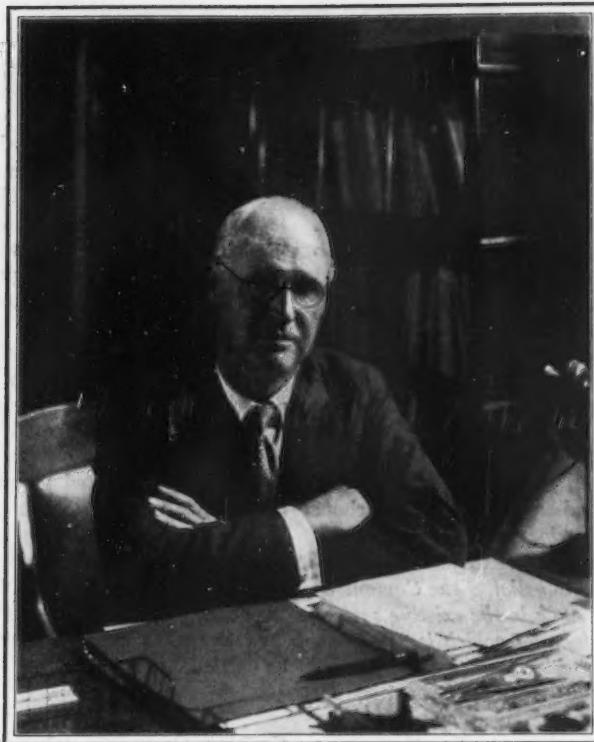
PROBABLY one of the strongest factors which made the co-operative study possible, has been the pressure upon medical and nursing bodies alike to take some immediate step towards solving the problem of the shortage of nurses. Much of the present criticism of existing conditions apparently has its source, on the one hand, in the failure of medical and hospital workers to secure nursing service of a type and quality they need for their patients and, on the other, the inability of nurses to secure satisfactory conditions of employment. It seems clear that one of the most pressing tasks for the Grading Committee is to study the supply and demand of nursing service; to discover what kinds of service are needed, and when, and where; to investigate conditions of employment under which nurses are working; and discover how they can be made reasonably satisfactory; and to pay particular attention to the problem of how the patient can secure an adequate supply of skilled nursing care at a price within his reach. It is believed that if the Grading Committee can discover the facts and make them available it will do much towards clearing up common misconceptions, and uniting the various interested professions upon a common basis of accepted fact.

The Committee therefore plans to start at once a careful inquiry into the nursing shortage, and other problems which have to do with the supply and demand of nursing service. The study will probably be made in seven or eight different states, carefully selected to

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WILLIAM DARRACH, M.D.  
*Chairman Committee on the Grading of Nursing Schools*

represent conditions in different parts of the country. It will be a combination of statistical and case study. The first approach will be through questionnaires which will be sent to private duty, public health, and institutional nurses; to doctors, hospital administrators, public health workers, and if possible to patients themselves, in an effort to secure a many-sided picture of the actual experiences these people are now having with nursing problems.

As the work develops it seems probable that certain remedies will be suggested—methods, perhaps, of reorganizing the distribution of nursing service, or improving the service which professional registries can render. It is not

known, of course, in advance, what the suggested remedies will be, but probably in some localities interesting experiments will be found already under way looking towards an improvement in the economics of nursing. The Committee will then make careful case studies of the places where these experiments are being tried.

At the end of the period will come a monograph report, which will give not only the basic facts as to the supply and demand of nursing service, but suggestions as to possible remedies, and careful studies of the more hopeful experiments which are now under way. While no time limit is definitely placed upon this first project, it is hoped that the work may be finished and the monograph

ready for distribution before the end of 1928.

#### Project 2, Job Analysis

BEFORE the Committee on the Grading of Nursing Schools can proceed to judge schools, it must first discover what the aim of nursing education is. It would seem that there need be no question as to what we mean by "good nursing," but the fact is that definitions of what the doctor and the patient need of the nurse, are numerous and conflicting. It seems a definite part of the Committee's work to make a careful analysis of what the nurse does and should do after she leaves the training school, and to follow that analysis by another of what the training school should be like in order to prepare the nurse to do her work satisfactorily afterwards. *It is the belief of the Committee that there is much in the existing system of nursing education which is so admirable that it should be meticulously cherished.* Nursing education seems unique. No other form of vocational education is quite like it. The Grading Committee is strong in its belief that there should be no wholesale attempt to remake nursing schools so that they will be copies of existing high schools, colleges, or other vocational schools. The nursing school has a valuable contribution to make to the general field of vocational education. The Committee does not intend to lose sight of this fact.

The Grading Committee plans a careful inquiry into what the schools ought to be teaching, in order that nurses can do their jobs properly. What is there in the present system of nursing education which is so valuable that it should at all costs be cherished, and what is there which could, without damage, be omitted? It wishes to make a study of large and small schools alike, in an effort to discover what the essentials are which result, if they are present, in the development of "good nurses," and which, if

any one of them is absent, no matter how well equipped or impressively organized the school may be, result nevertheless in producing nurses who somehow lack the essential attributes of what we mean by "good nurses." The Committee has not taken, and will not take any predetermined stand as to whether good nursing education is a prerequisite of the large school or the small one. It hopes through its studies to come to some just conclusions as to what types of nursing education can be given by schools of different types and sizes; but which the best schools are, the Committee at present does not even permit itself to guess. The study is expected to take approximately two years; to use a combination of the statistical and case study methods; and to result in a monograph which is planned for the fall of 1930, dealing with the problem of what is good nursing, and what kind of education must be carried on to secure it.

#### Grading

THE Committee takes its name of "Grading" from the original plan of those who hoped by grading the schools, to raise their educational standards. As the differences in emphasis between the different members of the Committee and the bodies they represent became clear, the Committee has come to interpret its task broadly. It has taken its function to be the study of "ways and means for insuring an ample supply of nursing service, of whatever type and quality is needed for adequate care of the patient, at a price within his reach. The actual grading of schools is to rest upon a foundation of broad and careful study." Even were the quality of education alone considered, it would probably be impossible to grade the schools wisely without such a background. Grading implies the ultimate adoption of certain minimum standards which must be met if the school is to

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harvest crops of graduates properly prepared for nursing. It is impossible to decide what these minimum standards should be until the Committee knows what qualities the graduates should have, and it cannot know what those qualities are until it knows what the graduates will be called upon to do. So we come back again to the decision reached by the Committee on the Grading of Nursing Schools, that grading must be founded upon and accompanied by a careful inquiry into the underlying facts of nursing education and employment.

In the actual grading scheme it is believed that what is wanted is not so much the definite marking of the schools, as it is the stimulating of the schools to do increasingly better work, and to think with increasing interest and clearness about nursing education. For this reason it is planned that, instead of a single, minutely detailed and rigorous grading, there should be a series of extremely simple gradings, if possible one each year for several years, so that no good school would feel that it could rest upon its laurels, and no poor school would feel that its one chance to redeem its name had gone for ever. On the question of the exact method for grading, the Committee holds itself free to experiment and to make radical changes in method, if such changes seem wise. The plan with which the Committee is starting is that the schools be graded once a year for five years, and that the grading scheme be something like an inverted spiral cone. Starting at the bottom, the first year, the grading would be on a very few points, easily within reach of most of the schools. The next year there would be more points, and they would be slightly more difficult. The third year the standards would again be raised, and their number increased, and so on, working in a spiral upwards and outwards as rapidly as it is found that the schools are themselves lifting

and broadening. It is believed that the spiral cone plan is a painless and effective method for raising the average standings of the schools.

Instead of reaching only a few hundred of the most co-operative schools, the Committee hopes to be able to give every school in the country an opportunity to be included in the grading plan. There will be no pressure brought to bear, but all schools will be invited; and it is hoped that as the work progresses the number availing themselves of this opportunity will be increasingly large.

If present plans are followed grades will not be given in terms of so many per cent, or of an arbitrary Class A, Class B, Class C, etc. Reports will be gathered from the schools, telling what they are doing on certain simple but important items. These returns will then be grouped in order, from the schools having the best records to those having the poorest, and any school which wishes to know where it stands can secure a detailed picture of how its own activities compare on these points with those of other schools in all parts of the country. It can know, for example, whether in terms of the educational preparation of its students, it has one of the lowest standards of the country, or is doing about what other schools are doing, or whether it stands extremely high.

It is the plan of the Committee that no statements as to the individual ranks of the schools shall be made public at the present time. In all probability such statements will be kept confidential, at least for the first two or three years. At the beginning, while the grading scheme is still highly experimental, the facts about any individual school will be gathered for the use of the Committee in its thinking, but will not be made matters of public property.

In order, however, to secure widespread discussion and to bring essential

facts concerning nursing education to the consideration of the medical, hospital, public health workers, and interested laymen, it is planned that every year at the completion of that year's grading, a comparative study will be made, not of how the individual schools stand, but of how each of the forty-eight states stands in nursing education. The standing of any state will depend upon the combined standings of all the schools within its borders. These returns by states will be given to the public press, together with a simple explanation of why each of the points upon which the grading rests is educationally significant.

It is believed that this publishing of yearly ranks by states will, if properly handled, awaken widespread public interest in hospitals and nursing schools, and will prepare the way for an appeal by the hospital to the public for contributions definitely planned to help the training school. It is believed, moreover, that through this plan of careful, impartial, repeated publicity, hospital trustees, training school committees, and other groups of lay people intimately associated with the administration of nursing schools, will be put in possession of important facts relating to their jobs.

As the work continues, if the spiral plan has proved its value, it may be found desirable to publish the individual standings either of all the schools, or of the schools belonging to the upper groups. When the last period of the Grading Committee's activity is reached, it seems probable that there will be available material and experience on which some plan for a permanent grading scheme can be based. The grading will, as in the case of each of the other projects, be a combination of the statistical and case study methods. It will be carried through each year with increasing emphasis, and at the end of the period, which at present is thought of as being the end of the fifth year, the entire

experiment will be described and the results presented in a printed monograph.

#### Full Program To Be Printed

**T**HE policy of the Committee on the Grading of Nursing Schools is that it is a body for study and recommendation. It has no enforcing power. *The work of the Committee will be successful if it can find out the facts as to nursing service; if it can stimulate improved conditions in nursing schools, and in the utilization of nursing service; and if it can lead towards a better understanding between the varied groups involved.* Such understanding rests necessarily upon the possession of the facts. It is the policy of the Committee, therefore, to make all of its significant material available as rapidly as it can be put into usable form. As the first step in its policy, the Committee has unanimously voted to put into print at once the full program of the Grading Committee, in the form in which it was finally adopted at the meeting on November 18. While the Committee realizes that, almost inevitably, it will be necessary to make changes in the program as the work progresses, it believes that the public is entitled to know at the start just what the Committee now has in mind. If important changes in policy are adopted, they will be publicly announced. In the meanwhile, however, the present program is to be made public. The pamphlet containing the full program can probably be secured from the Grading Committee, at cost, about the middle of January. (Italics ours, Ed.)



#### "Social Hygiene and the Nurse"

**R**EPRINTS of Dr. Stokes' series of articles, "Social Hygiene and the Nurse," may be obtained from the Rochester office of the *Journal* at a cost of 20 cents each, or in orders of ten or more, at 15 cents each.

## Annuities

Where \$10,000 Equals \$24,000

BY RONALD E. KINNEY

THE majority of people have a somewhat vague idea of just what an "annuity" is and it is for this reason that many professional people, particularly nurses, are failing to recognize the advantages of a plan which would not only give them the assurance of financial assistance in the twilight of life, but would also protect them meanwhile.

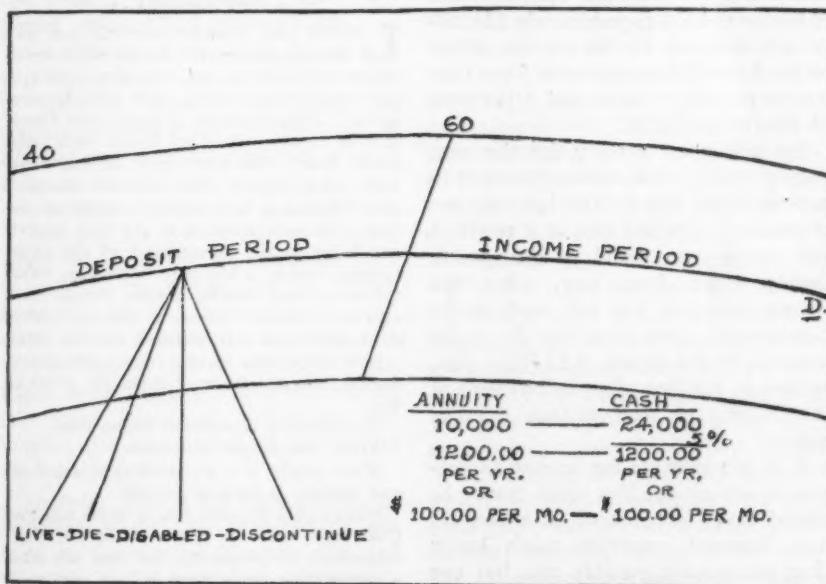
A large number of nurses have, however, taken advantage of this plan and it is at the request of the Editor of the *American Journal of Nursing* that I am presenting the details of a method which is meeting with more and more approval from the business world every day.

period," when payments are received. The former usually runs about twenty years. The latter extends from the end of the "deposit period" to death and after.

During the "deposit period" one of four things is certain to happen:

1. *The person who takes out an annuity of this kind is going to live and, if he does, he has accomplished just what he set out to do. He has provided himself with a guaranteed, fixed and assured monthly income payable as long as he lives. This income is not subject to market conditions and there is absolutely no worry connected with the investment, as there would be about the dividends on bonds and the like.*

2. *The holder of the annuity may die. If*



From the above diagram you will note there are two "periods" to be borne in mind in connection with the annuity plan—the "deposit period," when payments are made, and the "income pe-

death occurs at any time during the "deposit period," every dollar deposited with the company issuing the annuity is immediately paid over to the beneficiary. If the holder of the annuity dies during the "income period" and before he has received a full return of all the

money paid in, the difference is paid to the beneficiary.

3. *The holder of the annuity may sustain a serious illness or accident*—in which event, if you are disabled for a period of three months or more, all deposits would immediately cease and the Company would pay you at the rate agreed upon (usually \$100 a month) as long as you were disabled.

4. *The holder of the annuity may discontinue it*—and, in the event that nine annual deposits had been made, you would be at liberty to draw out every dollar you had deposited. Between the seventh and ninth deposits, you would receive the return of all but \$100 and, if the annuity were surrendered before the sixth deposit had been made, the surrender charge would be one-half of one year's deposit, plus \$100, the remainder of the money being turned over at once.

If you hope to have an income of \$100 a month, or \$1,200 a year, twenty years from now, you would have to start immediately and save a sufficient sum of money to have approximately \$24,000 in cash on hand, for the average return on good sound investments is 5 per cent over a period of years, and 5 per cent of \$24,000 is \$1,200.

By taking an annuity for the next twenty years, you would not be asked to save anything like \$24,000 but only approximately \$10,000 and, as a result of this saving, you would be guaranteed, twenty years from now, when the chances are that you will need money considerably more than you do at the moment, \$100 a month or \$1,200 a year, as long as you live, plus the payment of the balance of your savings to your estate.

It is not possible for anyone to suggest to anyone else how much money he should save, for each of us knows his own financial condition much better than an outsider possibly can, but one of the beauties of the annuity plan is that it can be built around practically any figure and can be arranged to provide payments of any size, from \$25 a month upward, while deposits can be made on a monthly, quarterly, semi-

annual or annual basis. The best comparison that can be made to substantiate the above is that in most cases \$40 to \$50 saved per month, during the productive years, will produce an income of \$100 a month in later years.

Specifically, this plan:

- Creates an obligation for you to set aside systematically a small portion of your savings each year.
- Protects the most valuable asset you have today, your health.
- Gives you a guaranteed, fixed and assured monthly income at the time of life when it is most needed.

Is there any wonder, therefore, that so many business and professional women are adopting this plan?



### Pneumonia

**L**OBAR and bronchopneumonia are two distinct diseases, the former often developing more rapidly and attacking people in supposedly robust health, while bronchopneumonia is often secondary to some other disease such as measles, whooping cough, diphtheria, scarlet fever. This may explain its high mortality, since patients often have low resistance after winning a fight against a previous disease. This calls attention to the most important factor in the development of the pneumonias, that is, a low body resistance, either following some wasting disease, fatigue from overwork, sudden exposure to extreme cold or storm after being over-heated in home or office.

Now is the time to take certain precautions against these diseases, most important of which are:

Avoid sudden extremes in temperature.

Avoid over-fatigue and worry.

When caught in a storm, remove wet shoes and clothing as soon as possible.

When a cold develops, stay at home and rest. Colds have not been proven to be the direct antecedents of pneumonia, but they are often a contributing cause since, if long continued, they lower body resistance.

Keep away from pneumonia patients. In Pittsburgh, Pa., the incidence of the disease has been greatly lessened by isolating pneumonia patients.

—*Weekly Health Bulletin*, Connecticut State Department of Health.

# Good Body Mechanics for Nurses

BY ARMIN KLEIN, M.D.

THE life of a nurse, as such, I have often heard was only about ten years. Perhaps this rumor was exaggerated, grown by accretion through transmission from person to person without any statistics to substantiate it. Granted that the belief had no exact justification, the foundation for it, however, must have been the recognition of the apparently short careers of individual nurses in the profession. It must have been strikingly noticeable that many gave up nursing early. And this, mind you, in a profession accepted for ages as uniquely adapted to woman's sphere. Such a state of affairs is in direct contrast to the trend of recent years towards prolonged physical and industrial life.

Vital statistics show that life in general has been prolonged. With advance in scientific medical knowledge, has come improvement in the treatment of diseases and a consequent drop in mortality rates. Efficient prophylactic care by the medical profession has also made it possible for individuals to survive, who formerly would not have been able to exist in the survival of the fittest. Longevity has also followed an earnest effort on the part of the community to prevent illness and so to prolong life. Public health measures have been among the most important factors in prolonging the expectation of life during the last generation.

Industry, during the same period, by scientific study and management has tried to prolong the industrial life and efficiency of the individual. Prophylactic measures, such as periodic examinations, care of the sick and injured by company doctors, and safety measures to prevent injury and illness while at work, have undoubtedly been effective to this end. A more careful selection

of the individual workers, according to their adaptation to the work at hand, has also contributed by preventing an unnecessary turn-over of employees. Standards, in other words, throughout the country have shown an unmistakable trend towards raising the expectation of life and productivity of labor.

This elevation of standards should undoubtedly have affected the nursing profession, insofar as the mass standards of the surrounding general community could do so. A reflection of this general trend of the times is seen in the shortened hours of work, increased periods of relaxation, and the periodic health examinations for nurses. On the whole, candidates for the profession are now selected with more care and once accepted, are cared for more intelligently and used more sympathetically. But though the standard for the masses of nurses along with those for the rest of the community have been improved, they may be raised still farther by improving the health standards of the individuals in the profession.

## Economical Use of the Body

THE life and efficiency of the individual nurse can be augmented by facilitating the proper functioning of her body, and by eliminating excessive wear and tear from a maladjusted use of it. The keynote to the present situation is an economical use of the body, so that in maintaining its posture, it functions with a minimum expenditure of energy, while the possibility of fatigue, one of the most important factors in the inception of disease, is minimized. This is the means we propose for improving the efficiency and health of a nurse.

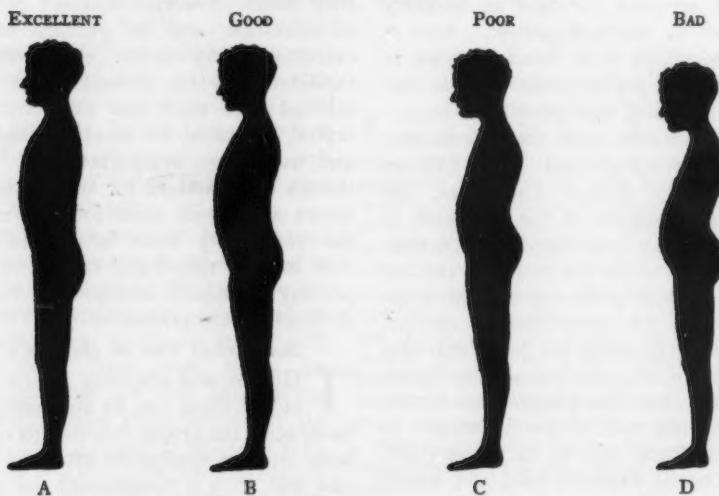
Let us assume that an individual has a definite amount of energy available for her daily use. If her body functions smoothly, and without undue strain, she

will naturally make minimum demands on that store of energy to care for those functions. More will then remain for her use in her daily activity and as a reserve for the body defenses against disease. If her body carriage is the excellent "A" (cf. posture standard charts) or even the "B" with only slight retrogression from the ideal posture, she will be less likely to suffer from the harmful possibilities of the poor "C" or the bad "D" position.

Individuals with poor body carriage (Fig. 1) are liable to aches in the back of the head from long continued strain

of the back muscles that insert at the occiput. Because of the drooping and flattening of the chest, its diameter may be so narrowed that the heart and lungs may be handicapped in their functions. The diaphragm that is attached to the ribs and spine becomes lax. It loses its tone and so cannot function efficiently. This means less aeration of the lungs and decreased stimulation to the flow of blood, especially through the lower part of the body. The back curves are exaggerated, so that the supporting ligaments and muscles are strained to maintain the erect position. As this

#### Posture Standards—Intermediate-type Boys



##### EXCELLENT POSTURE

1. Head up—chin in (Head balanced above shoulders, hips, and ankles.)
2. Chest up (Breast bone the part of body farthest forward.)
3. Lower abdomen in, and flat.
4. Back curves within normal limits.

##### GOOD POSTURE

1. Head slightly forward.
2. Chest slightly lowered.
3. Lower abdomen in (but not flat)
4. Back curves slightly increased.

##### POOR POSTURE

1. Head forward.
2. Chest flat.
3. Abdomen relaxed (Part of body farthest forward.)
4. Back curves exaggerated.
1. Head markedly forward.
2. Chest depressed (Sunken.)
3. Abdomen completely relaxed and protuberant.
4. Back curves extremely exaggerated.

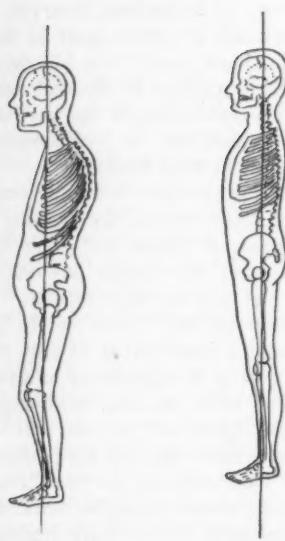


FIG. 1

FIG. 2

strain is prolonged, it entails an un-economical expenditure of energy to maintain the erect posture. If there is a surplus reserve of energy available, it will be drained to make up the waste, to compensate for the strain from the poor posture. If, because of illness or weakness, however, there is no surplus, or if it has been used to meet the demands on the body for the daily work, then the strain may become an actual deficit, there is no compensation, and pain finally appears in these back ligaments and muscles. The abdominal muscles become relaxed with a drooping of the chest. Their relaxation is increased with a tipping forward of the pelvis. As a result the abdominal viscera, losing their support, drop downward. Fluoroscopic studies have been reported, proving this drop to be from one to five inches. Indigestion and constipation, we believe, may be explained on the basis of these malpositions. Another result of the ptosis of the abdominal viscera may be dysmenorrhea. As the abdominal organs are displaced

downward, they naturally come to rest on the pelvic organs. The resulting abnormal superincumbent weight on the uterus, naturally crowds it out of position. The supporting ligaments of the uterus become lax and perhaps strained. The free circulation of blood through the uterus itself is interfered with more or less. And since general body fatigue is usually associated with the poor body mechanics, the result may very well be disturbance of uterine function intensified at the period of menstruation. Insomnia, poor appetite and general debility or neurasthenia may be, in a large part, often due to poor body mechanics. The waste of the body energy with poor posture, when too great, results in fatigue. As fatigue is increased, mental irritability and its manifestations in the form of insomnia, poor appetite and general debility may supervene.

On the other hand, in the individual with good body mechanics (Fig. 2) the head is held so erect and equipoised that there is no strain on the neck muscles. The chest is elevated, thus increasing the tendency to fullest excursion of the diaphragm and therefore complete aeration of the lungs. The back curves, being within normal limits, entail no increased tension on the supporting ligaments and muscles of the spine in maintaining the erect attitude. The lower abdominal muscles are retracted and so support the abdominal viscera in their proper places, so that they may function unhandicapped by strained positions. The pelvic organs are in their places, uninterfered with and also free for normal function. Such a person functions efficiently. Her position is one of balance. The possibility of fatigue from maintaining her erect position becomes minimized. Her position is often described as one of physiological rest. It assures that most of the individual's energy will be directly available for her daily work and activity.

**Instruction in Schools of Nursing**

**G**OOD body mechanics is comparatively easy and inexpensive to introduce. It is peculiarly adaptable to the curriculum of the training school. The nurse in the school who, perchance, leads an indoor life and has not much chance for exercise, may profit tremendously by group training in good body mechanics. She needs to devote very little time for this instruction and so can still devote most of the time to the ordinary training-school curriculum and practice nursing. Her instruction can be given indoors in the training school without any special apparatus. The fundamentals can be taught in an exceptionally short time. It has been our experience at the Massachusetts General Hospital Training School, that after an introductory lecture, lasting one hour, the fundamentals have been acquired by the general run of nurses after only three periods of instruction, each one lasting one hour and devoted to about 20 pupil nurses. The methods of instruction have been illustrated and described in pamphlets for the Children's Bureau, United States Department of Labor.<sup>1</sup>

If instruction in good body mechanics, as noted above, were made a part of the routine curriculum for student nurses, they would become better functioning, more efficient, and healthier individuals. They would have more energy available for their daily activity and work.

Nurses should always remember that they have a definite reserve fund of strength in their body banks to draw from and add to. One may catch some disease and become ill, but the reserve fund of strength in her body bank enables her to meet the demand successfully, or not, according to the amount of the demand and her amount of vital or capital force. If her physiological reserve fund is sufficient, she weathers

the storm. It is obvious, however, that such demands or drafts must be in the nature of loans, and if the bill drawing is out of proportion to the real capital, there is a distinct strain on the capital which, if sufficient or long continued, must result in total bankruptcy. To be sure, final catastrophe is usually precipitated by some external force, some sudden disease or illness, but such is the fate of firms who strain beyond their means and use up their capital. It is true that some individuals merely break down, and a long period of rest is entailed; that is, if expenditure of strength is reduced to its practical minimum, she may live upon her income and save, until once more she has accumulated a reserve fund and can go on. The expenditures however must be reduced and resources must be carefully husbanded until a real capital is once more accumulated and then she, like any firm, can go on as before. A reduction in activity is necessary until there is once more sufficient capital to work with. Then the physiological income will be sufficient to meet the demands of the system. Of course it would be much simpler if one could tell what one's physiological capital actually is. Unfortunately it is not easy to estimate one's physical resources and the extent of her capacities. What seems easy enough to one may not be feasible to another, but in her ignorance she loses sight of this and so perhaps ruins herself. A career, which with care could have been prolonged, is ended because the physiological capital is spent and, perhaps, anticipated. The account must therefore be closed early.

Such disasters and, surely, many pathological conditions may be averted by adequate prophylactic measures, the most important of which is economical expenditure of the body energy. This must result from habits of good body mechanics.

<sup>1</sup>See posture publications of United States Department of Labor, Children's Bureau, 1926.

## Chinese Nurses at the Front

By ALICE M. POWELL, R.N.

JUST one month after the celebration of Armistice Day, and the night before the completion of our national nurses' examinations, came a call from the front. At 10:30 p. m. the telephone bell rang insistently, and we had word from the Metropolitan Police through the Board of Associated Charities, that nurses were needed at once to go to the aid of the wounded, fifty miles away. Could we have a corps ready to go, within two hours' time? Followed a scurrying of feet and excited talking, and soon five from our own number of nurses were gathering bedding, bandages, dressings, morphine, hot water bags, and all the warm clothing they could borrow. At the appointed time these nurses, with a like number from Douw Hospital, filled to overflowing the police automobiles which called for them. The fact that these young women did not even stop to consult friends as to the advisability of their going, shows their keen patriotic spirit, and a departure from the old way of doing things in China. Nevertheless, we were more than glad when, two days later, a telegram came announcing their safe arrival at the battle front. Two weeks were spent in doing first aid for the wounded in the midst of bursting bombs and booming guns, with hardships to which they were unused. At the end of that time they came back to us tired, but with a new vision of real service. Proof of the valuable work they did was seen in the good shape in which many of the wounded were brought on to the camp outside our city.

After a day's rest, good food, hot baths and clean clothes, they gladly went out to the camp south of Peking to reinforce the nurses who were so hard pressed there. Preparations in the camp had been made for a few hundred, but in a short time between three and



MISS SHIH AND MISS WREN

Taking bag and bundles of silver dollars to the bank. The bag is very heavy.  
\$2,000.00 in silver

four thousand were brought in. Many of these were severely wounded and required immediate operation, so the nursing was a problem.

Volunteer workers in the city prepared quantities of comforters, mattresses, pillows, bandages, etc., and these transformed the camp to an extent that would have delighted the heart of Florence Nightingale. Even the Freshman students had a share, as they made and folded all the dressings used by the Woman's Unit. Classwork, dropped for a time to help in war work, we consider

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not a loss, for the students gained something in a truer conception of the spirit of nursing.

Shortly after the camp work was disbanded, an attempt was made to reimburse those who served in caring for the wounded, but the patriotic spirit of the doctors and nurses did not allow them to take any money. The president of the local nurses' association felt this was the time to ask for something to advance nursing education in China. Accordingly, she sent out letters to various officials, in response to which came the first contribution of two thousand dollars from General Feng Yu Hsiang, and a four hundred dollar gift from General Chang Chih Chiang. With these sums as a beginning, we hope to have something to show to the International Council of Nurses when it comes to Peking in 1929.

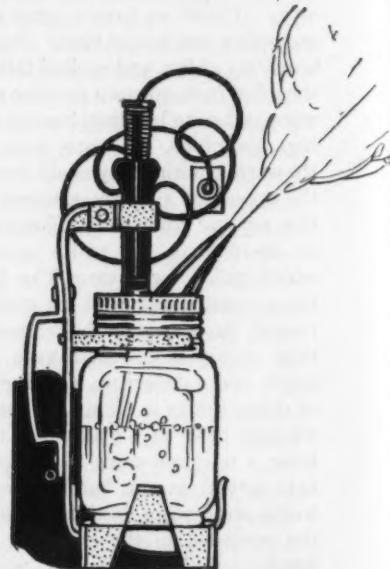
dress of their school, who is living in retirement in Scotland.

10. Providing stimulating professional programs as well as delightful social meetings for the members.

11. In sum: Nursing School Alumnae Associations, like college alumnae, are developing activities which fit the particular needs of their schools and in so doing are measurably increasing the prestige of each Alma Mater.



### An Electric Vaporizer



### What Some Alumnae Associations Are Doing

1. Publishing a Bulletin.
2. Establishing a sick benefit or pension fund.
3. Endowing a room for sick nurses.
4. Securing scholarship funds. St. Vincent's, Birmingham, Alabama, appears to be the most recent Alumnae to undertake this project.
5. Supporting the Nursing School library. St. Paul's Alumnae, Dallas, Texas, makes an annual gift for this purpose.
6. Equipping a classroom or laboratory. The Touro Alumnae, of New Orleans, is working for the equipment of a science lab.
7. Endowment Fund. The Johns Hopkins Hospital Alumnae Association, though not alone in this movement, is approaching the hundred thousand dollar mark.
8. Raising Building Funds. The Presbyterian Alumnae, of New York, were instrumental in contributing to the nurses' residence at the new medical center of which their school will be an integral part.
9. A particularly delightful project was put into effect by the Presbyterian Alumnae, of Philadelphia, when they brought over for a reunion, Caroline I. Milne, the beloved foun-

WITH one accord an administrative nurse and the mother of a pair of "croupy" children paused before one of those little electric vaporizers at Atlantic City and said, "Why haven't we seen this before!"

The device is compact, efficient, and safe. Supplied with any desired solution, once the current is turned on at any ordinary light fixture, it will continue to produce a stream of vapor until the solution is exhausted, at which point it automatically shuts off.

# Virginia's Chair of Nursing

## *The Sadie Heath Cabaniss Department of Nursing*

BY AGNES D. RANDOLPH, R.N.



THE graduate nurses of Virginia, to their intense relief, have practically completed the most arduous task they ever undertook. On October 15, 1926, they presented to the University of Virginia a foundation for a Chair of Nursing, to be called in honor of their great pioneer, the Sadie Heath Cabaniss Department of Nursing.

It is seldom possible to say just which individual gives the initial impulse to an important constructive work. A spirit seems "to move upon the face of the waters," and simultaneously several people begin to discuss enlargements of known truth or of existing opportunities. So with the development of college education in the South for nurses, the discussion of the possibility arose in many meetings, formal and informal; and nurses grown gray in the service, and those whose service had barely started, alike dreamed and hoped.

The initial step towards realization was taken when Virginia Thacker, President of the Board of Nurse Examiners, informally discussed the project with Dr. Edwin A. Alderman, President of the University. Ethel Smith was at that time, as now, secretary of the Board, and was keenly interested in the plan.

The concrete impetus was given in 1923, at the twenty-third annual convention of the Graduate Nurses' Association of Virginia. It happened on this wise. A fund of \$6,000 for the endowment of a bed at the society's cottage for tuberculous nurses had been completed in 1922. Since a balance remained in the treasury, the committee was continued, with instructions to raise "a foundation." The establishment of a college chair had been mentioned, but the motion continuing the committee carried no specific instructions, and it therefore found itself authorized to raise funds for an unspecified object. No meetings were held, no campaign inaugurated, but several unsolicited donations were received. At the convention in the following spring, the Chairman made the motion that the committee be continued for the purpose of raising \$50,000 to endow a Chair of Nursing at the University of Virginia. That the motion was unanimously carried, after only a cursory discussion, proved that the idea was not new to any of the leaders.

The nurses probably had in mind an unostentatious, somewhat prolonged campaign. However, it proved another case of man proposing while events

disposed. The day after the committee was appointed, across the page of the morning paper swept what seemed to the Chairman flaming headlines, "The Graduate Nurses To Donate Chair of Nursing to the University." Consternation reigned throughout the membership. The Board of Directors gravely voted for the conduct of an aggressive campaign, and the committee went to work.

The first steps were a little like the effort of a man to raise himself by his boot-straps. The large body of nurses was not alive to the need for the work, the public was quite unaware, and the medical profession quite uninterested. Educational propaganda, state-wide organization and fund-raising all had to be planned. It was determined to launch the campaign with a pageant to be given simultaneously in the cities and larger towns on May 12, 1924, and thus to use Florence Nightingale's birthday for a widespread educational propaganda. That the plan succeeded was due to the genius of Louise Burleigh of Richmond, who was asked to write and to stage the pageant. Miss Burleigh's father was a physician; but she had had no close contact with nursing leaders. The informal gatherings in the apartment of the Chairman, when groups of professional friends discussed with her old happenings and new aspirations, remain the brightest memory of the undertaking. The rambling talks and lively meetings, fused by Miss Burleigh's genius and splendid human sympathy, were transmuted into the pageant, *Signal Fires*. The musings of the Lady with a Lamp in the prologue give a hint of the spiritual tone and the beauty of the composition:

A Watcher set to ward off pain, my life  
Has been the life of all the race. I grew  
As Man has grown, by failure and success  
To a completer consciousness of need  
And means to meet it, till I stand, full armed  
With Science, like this age.

A large committee of nurses representing every section of the state was organized to sponsor the presentation of the pageant; and fifty people of importance were asked to serve on a Board of Trustees to insure to the public our trustworthiness. The form of *Signal Fires* offered us a remarkable scheme of local organization. The pageant consisted of three parts, each with seven tableaux; three interludes; and three voices. A separate organization was asked to be responsible for each part of the pageant; and immediately, in every town, groups from the American Legion, the Red Cross, the local nursing association, Masonic lodges, social welfare, and similar societies, became members of the educative force, with a concrete part to play in the scheme. The State newspapers gladly played up to a movement in which so many were interested, and everywhere were heard and read comments on the "Chair of Nursing." Educationally, therefore, the pageant was of paramount importance; financially, it rewarded the committee by giving them more than enough money with which to finance the entire campaign.

Unfortunately the nurses were too busy with their own immediate jobs to enable them to reap the full harvest from the pageant. Therefore the Board authorized Martha Baylor, who had been appointed Chairman of the committee in May, 1924, to secure Rose Flynn of New York, for campaign manager. Miss Flynn's work, while not immediately productive of large sums, undoubtedly laid the foundation upon which the nurses ultimately built success. There are always cross-currents and human conflicts in every big work; it is useless to discuss the social conditions extraneous to nursing, which added to the difficulties of Miss Flynn's task. Her solution of the problem came too late for her to reach the financial goal; but she left the

nurses an excellent organization, and a plan of founder memberships for organizations and individuals giving \$1,000, and for cities and towns which reached their allotted quota. After various discouraging experiences with busy nurses, Miss Flynn endeavored to throw the burden of canvassing upon the laity. The nurses could not succeed in shifting this burden; but their debt is great and lasting to Honorable Walton Moore, Congressman from Virginia, and Chairman of the Executive Committee; and to Judge John Barton Payne, Director of the American Red Cross, who served on the committee. The stimulating interest of these and other members carried the nurses through many a trying period.

Miss Flynn remained in Virginia five months, and was succeeded as Executive Manager by Miss Baylor, to whose ability, devotion, and hard work the final success is due. Miss Flynn spent most of her time in Richmond, which as the largest city, was most important, and where the cross-currents were strongest. In spite of definite obstacles, she raised there more than the quota of \$15,000. Miss Baylor later accomplished successful work in most of the remaining towns.

Miss Flynn conducted the usual solicitation campaign, first securing lists of prospects from banks, welfare organizations, and so on. A meeting of her committee was held, and to each member was allotted a certain number of persons to interview. Miss Baylor organized the nurses for the work. A single incident gave proof of the amazing development in their interest and professional power under her spur. Virginia has had, for four years, a meeting of alumnae representatives at a dinner during each convention. At this dinner the roll of the twenty-six affiliating alumnae is called and the delegate gives an informal report. When the roll was called in 1925,

each delegate concluded her report with the statement that her alumnae had already become a founder member or was now busy raising funds for this purpose. I do not believe that any nurses could have a more thrilling experience than we Virginians had at that 1925 dinner. "Failure" could not appear in the vocabulary of such a group. They had come into a consciousness of their own group-power. The prompt completion of the task was visualized that night, although Miss Baylor could report a bare \$25,000. The result of unified interest and shared labor is written in the roll of founders, where eighteen out of a possible twenty-six alumnae, and eight towns out of twelve, are now enrolled as founders with allotted quotas.

Miss Flynn is a past-mistress of the art of publicity; and she had secured for the movement recognition from the Associated Press. During Miss Baylor's tenure of office, news notices became less general, more local, but continued to be of great educational value. During the fall of 1925 and the early winter of 1926, the final local campaigns were conducted, the nurses themselves doing much of the soliciting for funds. At the meeting in May, the Association authorized the Board of Directors to present the fund to the University as soon as \$40,000 in cash had been collected, and to give the note of the Association for the remainder. Dr. Alderman, for the University, consented to receive the gift on these terms and fixed October 15, Convocation Day, for the date of presentation.

It would be difficult to overstate the assistance Dr. Alderman has rendered the nursing profession by his active participation in the campaign, and—far more necessary for our morale—by his consistent, uniform sympathy and encouragement. His immediate grasp of the social importance of the movement was, of course, not surprising; but his

free expression of faith, admiration, and sympathetic comprehension was a stimulus the leaders could ill have spared. His interest had been so constant, that his departure from University tradition by requesting that the nurses themselves send a representative to present the gift, was not a surprise. It was, however, no small contribution to the nursing cause in the South. The University of Virginia quite lives up to the world's estimate of the tradition-bound South; and that a mere nurse should, in cap and gown, take part in one of the annual celebrations of the college life was epoch making. It raised the profession more than one notch in the estimation of the *intelligentsia*.

So this part of the task was done. The foundation was laid. Responsibility for the finished structure now rests with the University.

The completion of the purpose which the nurses had in mind in making this contribution, still remains with the profession. College work for Southern nurses in their own social environment will in the near future become a fact. So much is assured. Professional growth and enrichment is ever a continuing task. The nurses deliberately gave financial support to the apex—the college—rather than to the base—the training school. Creative effort was required at the apex; and the public had no will to create. At the base, only reorganization and adjustment are needed. Graded educational facilities are necessary to any system of education. Virginia has had only schools of nursing; college work was essential if a "system" of education was to be created. Opportunity to grapple with the ordering of a system of nursing education was the gift which the profession donated to the State on

Convocation Day. It was this opportunity which the University through Dr. Alderman accepted, as he said, "to use for those purposes which inspired the nurses in the making of this gift."

The Chair is only a beginning.

Through all the coming years  
I see my work go on, still fed with thought  
And with devotion. But the Science grows  
Apace. The nurse will need more skill than that  
She has. I see her taught.

A Chair of Nursing at the University,  
Virginia, where your children learn to serve!  
In it shall sit the Lady with a Lamp  
And shed her light upon our future years,  
A beacon to our calling and the world!



### Socialized Nursing

THE nurse is on the very firing line of social problems. She is where life and sickness connect. She sees the results of life—conditions and habits. She sees sin, evil, crime and all sorts of life issues "come home to roost." The sickroom and the sickbed, and on a large scale the hospital, are exhibits of the home and the community, and a check on every institution and agency in it. They have to tell (which must not be told) of family life, politics, morals, religion. The world of the nurse is thus broader and more significant and challenging than she has been accustomed to think, and she is serving in real emergencies.

But all this may be true in fact, and yet the nurse not realize it or profit by it for herself or her profession. She may think her work "private duty" or if in the hospital, see it just as a part of the organized routine, and let the social service department do the rest.

And there is even the danger of becoming merely "wise" and *blase* on life as a result of her work. The nurse needs some training which would rationalize all such experiences, orient her as to the social setting of disease and give her a veritable passion for social service.

WILLIAM L. BAILEY.

*From a paper read before the Ohio State Association of Graduate Nurses.*

# At Hotel Dieu

## *A Visit to the Linen Room of the Hotel Dieu de St. Joseph de Montreal*

BY ANNE E. RADFORD, R.N.

**A**TINY Sister of the Order of Saint Joseph, clad in her flowing black robes, conducted a group of visitors from Boston through that splendidly organized institution, the old established Hotel Dieu of Montreal.

She did not speak English, but with her quaint French exclamations and graceful upraised hands, made the tour of her department and explained its especial features. Reassured by the delighted praise of superintendents who had struggled to implant a sense of pride in the unreceptive breast of successive head nurses, she waxed eloquent: "It is our tradition, which we have inherited from our foundress, Mademoiselle Mance, and which we all strive to maintain."

Wide closets with shining glass doors extended from floor to ceiling, between deep-set, arched windows, covering all four walls of the extensive department.

In the pillow-case section, successive shelves held cases of different widths, forty-four inch for the clergy, forty-two inch for the Sisters, forty inch for the operating room, placed in gradually decreasing sizes, folded and piled with geometrical accuracy.

Towels for the wards with two stripes, for the clergy with one stripe, for the operating room with five narrow stripes, a multiplicity of designs, each for its own special use; nor did any stripe in any towel vary one hair's breadth in position from that of its immediate neighbor.

Deep drawers were pulled halfway open, that the neat pile of bandages might be displayed, and above them were great cubes of white sheets like

blocks of ice, so solid and regular in their glass cases.

The Sisters' aprons, a small square of heavy muslin, tied around the waist with tapes, to protect the black robes during active bedside nursing, folded in neat oblongs, filled the shelves of the next case. The Sister unfolded one to show its shape and condition, explaining that on coming from the laundry, each apron was carefully folded while slightly damp, placed on its shelf to dry, folded without ironing, as this method "wears them out less."

A variety of bandages for special purposes attracted attention, among them a very clever contrivance for holding a dressing on the neck and upper chest.

The sincere appreciation of the party, expressed in halting French, was met by the gracious: "It is the method we always follow; since it has pleased you we are the more happy."

Another trip through ancient vaulted corridors, connecting the imposing buildings of gray limestone, past the little chapel, where footsteps were hushed at the sound of vespers within, brought the party to the iron bound door and a courteous farewell from as gracious a lady as she who boldly and bravely set sail from the court of Louis XIV, nearly three hundred years ago to plant this great work of piety and mercy in the heart of the wilderness.



### With a Subscription

**B**AD weather delayed harvesting to some extent so had to wait for the money. I try to keep up on my nursing if it necessitates going without something else."

Canada

W. A. H.

# Three American Nurses in Armenia

BY MABELL S. C. SMITH

IT was a terrific natural disaster that recently plunged a large part of Armenia into the utmost distress. The city of Leninakan (Alexandropol) is in the center of a vast mountain-encircled plain which geologists call a volcanic amphitheatre, but none of the Armenian peaks has been in eruption in historic times and there have been no serious earthquakes for nearly ninety years. Surprise was therefore added to the terror inspired by the darkness, the appalling noises, the cracking open of the earth and the issue of fountains of boiling sulphur water, the subsidence of the foot hills and, during part of the period of disturbance, by the roughness of an icy blizzard.

The splendid training given the orphans undoubtedly saved their lives. They have responded with instant obedience to every command and although they have been exposed to the weather and have had to share their food with children who have trooped in from destroyed villages, not a life has been lost.

The class of girls being trained as nurses in the Edith May Winchester Training School for Nurses gave invaluable aid to the doctors and the American nurses in the makeshift hospital.

Nothing except the agricultural training given to the orphans by the Americans has been of so much value to Armenia or so deeply appreciated by the government as the training of nurses. Practically all the knowledge of hygiene and sanitation of the Armenian villagers has been acquired from the orphanage-reared children.

Between 75 and 100 girls have been so far graduated from the nurses' school and they have been taken over at once by the government as public health, government hospital and tropical research nurses. The Leninakan orphan-

age school is the sole source of supply for all Armenia.

While the earthquake shocks were still continuing and the blizzard bringing its devastation, casualties began to be brought to the orphanage from Leninakan. A tent was rigged up and here the orphanage doctors, the three American nurses, Laura MacFetridge, of Morrisville, Pa., Edna Steiger, of Williamsport, Pa., and Elsie Jarvis, of Charleston, W. Va., and the nursing class worked over the improvised operating tables. It was a magnificent display of endurance.

The value of the work of these American nurses is invaluable. When they yielded to the lure of the Near East they entered into a realm of more than usual usefulness.



## A Correction

IN the letter from Miami nurses, published in the December *Journal*, the month of the hurricane was stated as September. It should have been given as April. The Miami nurses desire to add to that statement:

"As we have no other means of reaching such a large group, the members of District No. 5 take this opportunity of expressing their appreciation of the splendid work done by these nurses while in Miami."



## Smallpox

**S**MALLPOX," says the American Association for Medical Progress, "will continue to be a source of danger until complete and systematic vaccination is extended to the entire population." In 1925, there were 41,643 cases of smallpox in the United States with 702 deaths. Many nurses will be interested in securing the Edward Jenner number of "Health Heroes," the interesting health series put out by the Metropolitan Life Insurance Company for use in schools.

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## EDITORIALS

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### Happy New Year

YOUR editors are lucky folk, for this tiny space is the equivalent of a New Year's card bearing greetings to the twenty-five thousand or more people who will read this magazine. It is a joy to have so many friends. To each one we most sincerely say "Happy New Year to you!"

### Goodbye 1926—Welcome 1927

"THE year is dying, let it die" is no fit requiem for the passing year for it has been a year unique in our professional annals. It has been quite definitely a year of preparation. Of preparation for what? Preparation for a program of progress that, already under way, will now move more swiftly forward under twin banners, the banners "Grading Schools of Nursing" and "Wise Distribution of Nursing Skill."

Beneath these banners every professional aspiration of any sort whatever may find its place. Grading Nursing Schools is only another name for advancing the quality of our teaching and, through good teaching, of the quality of nursing service. Wise Distribution of Nursing Skill implies a further search for the solution to the problems of the care of those requiring nursing service and of the health and happiness of those who serve.

1926 has been a year of awakening for schools and registries. Everywhere they are being subjected to thoughtful examination from within. Both groups have been quite wisely putting their houses in order. Getting ready for the grading program and getting ready to expand a registry policy is like getting ready for company. Conditions that tend to be overlooked in everyday living are observed with seeing eyes. This is what is happening in the schools, many

of which have said to themselves, "We need another instructor," and have then set about securing a scholarship in order that a suitable person might be prepared for some especially important piece of teaching; or, needing larger classrooms, or better equipment, or better housing, have launched plans for securing them. Similar activities have taken place in the many registries that have been studying the quality and quantity of their services in relation to the total nursing needs of their communities.

1927 finds nurses everywhere alert and thinking not only of the fact that they have serious problems, but digging into the reasons why they are problems. It is an attitude of mind that should result in some courageous and thoughtful experiments in both education and distribution. Beneath the twin banners, both borne aloft by the Grading Committee, as announced on page 19 of this issue, nursing is prepared to move forward at the double-quick in 1927. May it carry into the New Year all of its precious heritage, its glorious tradition of service and in this may our tomorrows "be as our todays but much more abundantly."

### The Prince of Peace

IN looking back over the year just past we are impressed with the growth of the international spirit in nursing and health organizations. Foundations had been laid before, to be sure, and the organizations of international professionalism begun. But the growth in the spirit which makes and keeps them alive became more pronounced in the year which has gone. We are losing gradually the confining sense of national boundaries, and using them more as a means of friendly rivalry in well doing, and less as a prison cell which prevents

our seeing the good other people are accomplishing. We realize that our profession is world-wide, and that others in other places are living and working for the same aims and ideals as we.

Through our nursing work we can be leaders in the cause of peace and the overcoming of national and class jealousies, principally by our individual interest and friendliness with whatever is good and inspiring, wherever or in whomsoever it may be found. When under the stimulation of working side by side with many people for a common purpose, of putting one's shoulder to the wheel to get the same things done, we learn all insensibly the good points of our neighbors. We learn that our neighbor is not only the person who lives next door, but the person with similar ideals and plans for work who may perhaps live many thousand miles away. With nurses we can become further acquainted through our nursing organizations and journals, and through the periodical conferences held for discussion of our mutual problems. Each of us, in these conferences, should contribute something toward the solution of these problems, furthering a coöperative constructive solution.

But to help in such "coöperative constructing" our thinking must be clear and definite, especially in these times of many voices trying to prejudice us one way or another, saving us the trouble of thinking. Nurses should show their scientific background by overcoming the natural human objection to thinking at all, and see to the root of the matter under consideration. With our world-wide connections, we can now find it easier to get light as needed, and so to form a more just opinion, but we must constantly be on the alert to see that we are not deluded, and that we think straight and clearly, and have not "foggy minds, like cotton wool." Our thinking can be improved by constant exercise, and must be real thinking, not just

following others' opinions, if we are to utilize, as we should, our glorious opportunities in the world.

To be able to throw light on our various problems, our nursing organizations, especially the International Council of Nurses, will need much research work. Each one of us, as an individual, has here a chance to help. Questionnaires seem to come thick and fast, information is desired on this and that, experiments are asked for. It sometimes seems as if we had no time "to do our own work." But what is "our own work?" Are we not inextricably bound up together, so that we cannot but feel "each member one of another?" Miss Goldmark and the Committee start an inquiry into preparation for public health nursing. They find it necessary to consider general nursing education before they can do justice to their original subject. The Committee on Grading Schools of Nursing finds it necessary to take a survey of what is required of a nurse before they can decide what a school of nursing should teach, and what the proper standards for such a school can and should be. To inquire into what is required of a nurse takes one far afield indeed, for we are found working in every one of the four corners of the world, and with every walk of life, from beggars' homes to kings' palaces.

From these ramifications we begin to realize that our nursing work is not a series of discrete occupations, but that each part depends on all the other parts. Private duty and public health would die out without schools of nursing to feed new workers into their ranks, and so nursing education becomes the foundation for all sorts of nursing work. But, on the other hand, schools of nursing must know exactly what private duty and public health require of their workers, if they are to prepare such workers. And without fields for their graduates to enter, schools of nursing

would soon find themselves useless. So they depend in double measure on the other forms of nursing work, which become in their turn foundations for the schools. Neither can live without the other. Or, as nurses go from country to country, for work or play, they find themselves learning new methods. They see their patients in their original homes, under their own life conditions. How much more intelligently they can deal with the immigrant on their return. For instance, the district nurse finds a mother who cannot decide whether or not to let Tommy's tonsils be removed. She grows impatient at the mother's inability to make a decision. But on going abroad, the nurse finds that the mother has always lived as a part of a village or large family, where the priest or the older members of the family always decided any matters of importance. The poor mother never had to decide anything by herself before, and in a flash the district nurse sees how her method of work must be changed to fit the new circumstances of an untrained clientele. Her work grows better. Or she learns, through seeing the way other nations eat, how to adapt her diets to patients so that they shall eat what they need, and still like the food. The nurse's work could not have improved without these glimpses of home life of her patients. Thus the district nurse, too, becomes dependent on the people of another country to show her what is needed, just as much as the several forms of nursing work depend on each other.

This interdependence and widespread demand for our services, gives us one of the greatest opportunities ever given to any group of people to work for international and interclass peace and harmony and increased friendliness. We work with other people to translate the teachings of science into everyday practice. We are not trying to get people to do things to benefit ourselves, but to

benefit themselves. This in itself goes a long way toward disarming previous lack of friendliness, and so our work becomes less difficult. We find that none of us can work without the other. To foster the spirit of realization of interdependence, and the outgrowth of this, of supernationalism and superclass feeling, the spirit of the Chinese classics which says, "All under Heaven are one family," is only one of the great privileges which we nurses have. Through internationalism and interclass concord comes peace. We nurses can work for it every day of our lives, if we will but watch for the constant chances, and do not sink too deeply into our purely individual concerns. Could anything be more inspiring for the New Year than to realize that each of us has a needed part in promoting world harmony? Veritably, as Dr. Vincent said at Atlantic City:

It is a great thing to be a health worker, a great thing to be an American health worker, but a greater thing to be a cosmopolitan working under all flags.

And as we would further say, it is the greatest thing of all to be an ambassador of the Prince of Peace.

Nina D. Gage.

#### "Nurses Strike?" No!

**A** MORE arresting headline than "Nurses Strike" could hardly be conceived and it appeared not so long ago in the daily papers. It is arresting because the principle of the strike is so utterly foreign to the nursing spirit and tradition. "It isn't news if a dog bites a man but it is news if a man bites a dog" is a hoary axiom of instructors in journalism and, by the same process of analysis, it isn't news if nurses work long hours but it is news if they "walk out" and the cases are as rare as are instances of men biting dogs. Unlike the newspapers, we really investigated the story and found out that there had been *no* strike.

What really happened was this. At West Suburban Hospital, Chicago, the special duty nurses had, for some time, been on the twelve-hour schedule, to the satisfaction of both nurses and patients. The medical staff, however, influenced the administration to make a ruling that any nurse wishing to register at the hospital must be willing to accept \$6 for twelve-hour duty and \$7 for twenty-four hour duty and, further, that she must be willing to accept any type of service for which she was called.

The Alumnae Association, being informed of the proposed ruling by the Superintendent of Nurses, promptly secured the best advice obtainable without and within their group. *No nurse left a patient* but, as each completed her service, she declined to register at the hospital for further cases. If this be a strike, the doctors strike when they decline cases which, for one reason or another, they do not care to take; but it was, of course, in no sense a strike. No group of people can dictate to another the conditions of their service when no contract, actual or implied, exists. Every nurse fulfilled her moral contract with the patient by whom she had been engaged. She simply refused to enter into new contracts.

Nurses strike? The very word is anathema to nurses. Dr. Cabot says that all ethics comes from three fundamental principles: (1) Make clear your agreement, (2) Keep your agreement, (3) Improve your agreement. Probably most of us could improve our agreements, but one of the glories of the nursing profession is that nurses keep their agreements. When they accept cases they stand by, sometimes even at the cost of life itself. "Nurses strike" was an attention-getting headline. Would that we could write in flaming letters, so that every reader of those misinformed papers might be equally aroused to know how untrue it is.

#### Our Registries

**I**N *Anagrams* for December there appears the following item under "News Briefs."

A commercial nurses' registry was opened recently by a graduate registered nurse. She says she is making the experiment because she has found professional nurses' registries unsatisfactory. The names of many graduate registered nurses are found on the membership lists. She says, "There will be a need for commercial registries until professional registries learn to fill the bill." We wonder how many graduate nurses agree with her.

We think we know the answer to the interesting question raised by *Anagrams*. If there is a good official directory in that city, the number will not be sufficient to warrant her investment.

We usually wish nurses well in their undertakings. We cannot do it this time for the knell of the commercial registry has sounded and new enterprises of this sort are foredoomed to failure. Time was, and not so long ago, when that nurse might have supported her argument, incidentally, she could have supported herself. Now we firmly believe that she cannot succeed, because failure has come to others who have acted on that notion in the past year or two.

Reports have come to the *Journal of Registries* which have opened, accepted enrollment fees from nurses who could ill afford the high rates, and then, finding it impossible to make ends meet, have "shut up shop" without the formality of returning to the nurses the fees for which they had never received the promised service. These women have made the mistake of thinking that volume of noise represents majority opinion. Of course it doesn't, for the satisfied person, who represents the majority, is not making any noise. These satisfied nurses know that their interests are safeguarded by enrollment in registries operated by the profession for unselfish reasons.

Every nurse is rightly concerned to earn a good livelihood. The best nurse is she who, in doing it, retains the full respect of her fellows.

The reason for the failure of recently opened commercial registries is not far to seek. It lies in the official registries. Never have they been so numerous, so well organized or so active. They are learning to "fill the bill" as commercial registries can never hope to do, for behind an official registry is the solidly massed integrity, not of one or two good women, but of a whole professional organization, an organization animated in an amazing degree by loyalty to its members and driven by a genuine desire to give service.

#### Professor of Nursing

**S**UCH is the title recently bestowed on Effie J. Taylor by Yale University. The honor is unique, for Miss Taylor's subject is psychiatric nursing; indeed, we believe it is the first time that psychiatric nursing has been so dignified by any university.

Miss Taylor's distinction is well earned and not merely a combination of fortuitous circumstances, for she has spent many years in observation and study; it will be recalled that she was for seven years director of the nursing service at Phipps Clinic, Johns Hopkins Hospital.

In making the announcement, Dean Goodrich said: "With the increasing

understanding of the cause and treatment of mental disorders and their prevention through mental hygiene, there has come a demand for nurses qualified by special preparation for this exceedingly important aspect of disease," and she cited instances of important posts in this branch of nursing which are already filled by graduates of the Yale School of Nursing who have had the advantage of an affiliation with the Butler School of Psychiatric Nursing in Providence, Rhode Island.

The new honor in no way alters Miss Taylor's administrative position, which is that of Superintendent of Nurses in the New Haven Hospital, for one of the strongest features of the Yale plan of organization is that of the dual function of all faculty members. Each one, like Miss Taylor, holds both an administrative and a teaching position. In this way, the School of Nursing is safeguarded from any danger of becoming academic at the expense of practice.

An editorial writer of the *New York Times*, commenting on the appointment, wonders "what that excellent old nurse, Mrs. Sairey Gamp, would have said to a professorship of nursing." Undoubtedly she would have disapproved, but fortunately the opinion of Sairey and her ilk cannot stem the tide of progress and all *Journal* readers will rejoice that this extremely important branch of nursing has won such signal distinction.



**T**EACHING includes two factors: one is instruction, which is concerned with knowledge and intellectual qualities; the other is affection or sympathy, which is concerned with personal relations and emotions. And the greater of the two is the latter; a warm heart, leading to strong friendship, is a bigger thing in teaching than skill in instruction.

"There certainly is such a thing as growth in capacity for friendship, and I should hope to experience it. It would include a widening of one's sympathy for students, a quickening of one's responses to their needs, an increasing faith in their possibilities, and a deepening of affection that would make one more and more generous toward them. We all believe in the growth of intellectual qualities; why should we not believe just as firmly in the growth of emotional qualities? And the outcome should be some degree of skill or wisdom in advising with students."

FRANK M. McMURRY,  
Prof. of Education, Teachers College, *Teachers College Record*, November, 1926.

## *Who's Who in the Nursing World*



LXVI. E. AUGUSTA ARISS, R.N.

Miss Ariss' name has been associated with most of the advances of nursing in Montana these many years. She is a native of Canada, daughter of Scotch-English parents. After graduation from high school, Miss Ariss attended the Bible Training School of Chicago. Although a graduate of the Guelph (Ontario) General Hospital Training School, the West has claimed Miss Ariss for all of her well-rounded professional life, except for the brief time spent in district nursing in Toronto. After some years in private duty and as Superintendent of the Cottage Hospital,

Des Moines, Iowa, Miss Ariss, who is a Deaconess (Methodist), became Superintendent of Montana Deaconess Hospital, Great Falls, a position she has held for almost twenty-five years.

Miss Ariss has been president of the Montana State Association. Since 1921 she has been President of the State Board of Nurse Examiners and she is also the Inspector of Training Schools. Only those who have travelled the wide open spaces of Montana can realize the amount of travel involved in visiting the relatively few schools of that beautiful but sparsely settled state.

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## *Department of Nursing Education*

LAURA R. LOGAN, R.N., *Department Editor*

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### **The Hospital's Obligation to the Student Nurse<sup>1</sup>**

BY FRANCES L. REED, R.N.

WE must first consider the needs of the nurse, what she requires to fit her to carry out the duties which she will be expected to perform when she has been graduated from the school. There are these essentials: (1) She should be equipped to give efficient, intelligent bedside care to the sick; (2) She should have the knowledge and the desire to assist in teaching the prevention of disease; (3) She should have a foundation for any branch of the work which she may desire to follow; (4) She should be fitted to take her place as a useful citizen in the community. The obligation of the hospital to the student nurse, then, would be to provide facilities for equipping her to give the best possible service along these lines. How is this to be done? The hospital itself should be standardized. Hospitals in olden days were houses for the sick. They had no standard to live up to or that they were required to attain. In the present day, it is found best to set down certain definite standards which hospitals, if they wish to be listed as accredited institutions and recognized as giving the best professional and scientific service to the community, must meet. Institutions of this grade are the ones which can best assume the responsibility of conducting schools of nursing,

and if they do, they should establish for those schools standards as high as for the hospital itself.

The smaller hospitals which have not the necessary facilities at hand should not attempt to maintain schools of nursing, unless through affiliation they can secure the required amount of experience and education necessary to keep the school up to the required standard.

The school should be looked upon as an educational institution, as is any other vocational school, the hospital functioning in giving experience to nurses, as to medical students. The school for nurses should not be considered, on the part of the hospital, as a means of cheap labor. If, because of financial difficulties, the school provides the only means by which the hospital can keep open its doors, then the hospital's obligation to the nurse includes awakening the public to its responsibility towards the institution and school (which exist in response to the public's need) and enlisting its support in providing means to establish properly equipped schools of nursing, thus making it possible for the nurse to be educated along modern lines rather than upon the modified apprenticeship system which still exists in many schools (a relic of ancient times) and which falls far short of a means of educating the nurse of today.

Why should schools of nursing not be financially endowed as are other schools of learning? One of the important,

<sup>1</sup>This paper and the discussion which follows were read at the joint conference of the Hospital, Medical and Nursing Professions held October 25, 1926, at the annual meeting of the American College of Surgeons, Montreal, Canada.

though as yet little recognized responsibilities of the hospital towards the student nurse, is just in this connection. With the advances in medicine which have been made during recent years a nurse, to satisfactorily fulfill her duties and to give the highest type of service, needs considerable technical and scientific knowledge. It is said that any calling requiring highly specialized training becomes in reality a profession, and a profession is defined as an occupation which involves a liberal education. Is there any other profession today of the same status as nursing and from which so much is expected, that provides such meagre facilities for the education of its followers?

It is the obligation of the hospital, if the school is to be considered in the light of an educational institution, to provide a graduate nursing staff consisting of administrators, instructors and teaching supervisors properly qualified to carry out the policies of the school and the education of the nurse, and of the type and character that will instill into the student the high ideals of her profession and the spirit of service to the community as a nurse and as a citizen.

We have spoken of the hospital itself being standardized. This would assure adequate hospital facilities, such as approved daily number of patients, variety of services available, etc., but in addition to this there should be provided properly equipped classrooms and laboratories for the teaching of subjects fundamental to nursing practice in any of its branches. The subjects should include, as a minimum, those necessary to qualify the nurse to practice in any neighboring state or province. The classrooms and laboratories, in equipment and numbers, should correspond to the same standard as other professional and educational schools of like standing. There should also be an up-

to-date, well equipped technical library. Schools of nursing have for so long been doing without many of these essentials that the request for anything approaching a minimum amount required, in many cases, causes the hospital board to gasp for breath.

In most hospitals our present system of education for the student nurse provides a preliminary term of from two to six months. During that time, in the majority of cases, the student spends daily from two to three hours on ward duty, from four to five hours in class work, apart from study hours, and she is supposed to get what recreation is needed to keep her physically fit, outside of this. After her preliminary term she is on full-time duty in the wards, which means daily, anywhere from eight to eleven or twelve hours, with usually time for lectures or classes, study and technical reading taken from her time off duty. Add to this the nervous strain associated with this work, and is it any wonder that many nurses cannot complete their training? But you say, that is part of a nurse's life; she does that from a sense of service to humanity; she expected to sacrifice much when she entered the school for nurses. I can assure you it is nothing but the spirit of service and self-sacrifice which has kept and is keeping our schools of nursing open today.

It is the obligation of the hospital not to demand from the student nurse in return for what she receives (which includes comparatively few hours of class instruction) hours of labor which tax her to her physical limit, and sometimes beyond, and which take so much life and energy that she has little left with which to make use of her hours off duty.

At the present time, candidates are being accepted into schools for nurses at a much earlier age than in former years. This is the only way, as far as can be seen, in which the supply can be made

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to meet the demand. In these younger students the sense of responsibility is not always developed to a sufficient degree. Physically she is not able to stand the strain of the hours of duty which her sister of years ago could carry, and the present-day youth demands much in the way of outdoor recreation which she has been taught is essential to health and she therefore should have.

The hospital, in accepting the responsibility of the younger candidate as a student in the school, should see that during the relatively short period spent in receiving her nursing education, her youth is not entirely taken from her. Why should it be in this, any more than in any other vocational training? The obligation of which we are speaking includes providing a sufficient staff, that is, graduate and student nurses and ward helpers, to permit time for much individual supervision of the student; to permit the student being relieved of many routine ward duties (which are unnecessary from a point of view of education after she has once become proficient in their execution) so that she may give more time to the actual nursing care and comfort of the patient; to permit the student, during her hours on duty, to observe and study treatments and cases, and to receive at least a portion of her theoretical instruction; to permit the student a reasonable number of hours off duty for rest and recreation, without having the patient neglected.

It seems almost unnecessary to mention that the hospital's obligation includes also the providing for the student nurse comfortable, hygienic living quarters, with facilities for a reasonable amount of social home life and healthful recreation. In this connection there should be kept in mind the youth of the present-day student and the outdoor life

to which, in the majority of cases, she has been accustomed before entering the school. For this reason, the hospital's obligation includes, to a greater extent than previously, provision for considerable supervision and guidance in the recreational life of the student.

I wish in no way to give the impression that I am placing the patient second and the education of the nurse first, but to point out that it is the hospital's responsibility to provide sufficient nurses so that the educational needs and the health of the student will not be sacrificed, and to emphasize the hospital's responsibility in the education of the student along broader and more liberal lines, so that she may now and later give better service to the individual and to the community.

Those in charge of her education, who share the responsibility of the hospital in turning the nurse out upon the public, have given much thought and time to her needs. They have been working under great difficulties, very often without the sympathy and sometimes with but slight coöperation from those who could contribute much, with but little inconvenience or effort, to the student's enlightenment.

To sum up, the hospital's obligation to the student nurse is to do everything possible to coöperate with those who are intimately concerned with her education, to the end that during her sojourn in the school she may develop physically, with strength to do and to endure; intellectually, with knowledge which is a power in the prevention of disease and the care of the sick; morally, with a great sense of her responsibility as a nurse and as a citizen; with a broad vision of what life may mean, and the ability to enjoy life in the truest sense; and above all, that she may carry away from the school the true spirit of nursing.

## Discussion

BY ETHEL M. SHARPE, R.N.

HERE are two points in this paper that I think should be emphasized, these are: First, the obligation of the small hospital to the student; second, the obligation of the hospital regarding the shortage of nurses on duty in the hospital wards.

By a small hospital, I mean one of seventy beds or less. Before attempting to organize a nursing school, it is the obligation of the hospital to study the needs of the nurse, as well as considering the nurse as a means of supplying its needs; to have a qualified superintendent in charge of the nursing school who may be a graduate of a small hospital but who should have prepared herself by postgraduate courses in larger hospitals by a special course in nursing school administration; to provide a qualified instructor and adequate teaching facilities and equipment; to arrange with the doctors on the staff for special lectures, and to arrange for affiliation in services lacking in that hospital; to have a residence large enough to provide for the accommodation of a sufficient number of students, so that they may attend classes and have time for study and recreation, without interfering with the care of the patient or the routine work of the ward.

The small hospital should not undertake to give students a nursing education or to maintain a nursing school unless it can fulfill these obligations. If, because of being too far from schools giving affiliations, or because of a lack of teaching facilities, a nursing education be not possible, then that hospital should employ a staff of graduate nurses.

Second, the obligation of the hospital in regard to the shortage of nurses on the wards. Miss Reed has said that it is an obligation of the hospital to educate the nurse so that she will be

equipped with the knowledge necessary to give intelligent bedside care, which is the foundation of good work in any branch of nursing, whether it be private duty nursing, public health work or institutional work.

Does the hospital fulfill its obligation in this respect? Has it considered the shortage of nurses in relation to the care of the patient or the education of the nurse? Has the number of nurses on duty been increased, as the demands upon the nursing service have increased, because of the advance in scientific medicine?

Aseptic technic in surgery has added to the work of the nursing service, requiring trained attendance, and careful attention to detail in the preparation for dressings and treatments. Specialization in medicine means specialization in nursing. Scientific procedures and scientifically proven methods are used in the treatment and diagnosis of certain diseases, such as basal metabolism estimation in determining the favorable time for operation in hyperthyroidism; blood chemistry before operation and during the study of various diseases; administration of fluids into the body for overcoming certain conditions. All these require intelligent coöperation on the part of the nurse and take more of her time than do ordinary nursing procedures, such as the administration of medicines, or the application of a poultice or fomentation.

After a thyroidectomy, a surgeon may order the application of 8 or 9 ice bags which must be constantly refilled, and which adds considerably to the work of the nursing service, or a physician may order seven or eight hot water bottles in treatment of certain conditions. The diet of many patients must be carefully estimated, weighed and charted. The

daily intake and output must often be estimated and charted. In a metabolism ward, the nurse must spend time instructing the patient on the ward concerning his diet. A patient suffering from a head wound or injury must have his blood pressure taken frequently. There must be careful observation and charting of symptoms; a careful record of tests and treatments must be kept. The head nurse and senior nurse on the ward spend considerable time making rounds with members of the staff. The amount of work required from the nursing service has not been met with an increase in the number of nurses on duty in a ward. The nurse of today is supposedly working under better conditions than the nurse of twenty years ago, as her hours on duty are eight instead of eleven, but the nurse of today frequently remains on duty much longer than she should, in order to give her patients the care they must have. When a nurse leaves the ward for time off during the day, she is not replaced, and the nurses remaining on the ward must care for her patients as well as their own. In some departments of hospitals the nurse is still on duty ten hours. This is a long service for the young, still growing girls, who are keeping our schools filled and hospital wards open.

There is a shortage of nurses in the hospital and there is no provision being made to increase the nursing staff. The nurse is receiving very little bedside instruction in the care necessary in the different diseases she will later be expected to nurse outside the hospital. Even if the head nurse had time to teach, or there were a sufficient number of teaching supervisors provided to instruct the nurse while on the ward, she could not spare time to be instructed, unless she neglect her patients. The nurse still attends the majority of her classes in her own time off duty, and away from the ward, which is her laboratory, after hav-

ing given eight hours or more of her time in service.

There should be a sufficient number of nurses, so that the patient may be nursed, instead of having only what is most necessary done for him, so that the nurse may have time to learn how to nurse the sick mind as well as body instead of learning only how to skillfully carry out a number of nursing procedures for a number of patients. For this she should have time for instruction on the ward, and time for study, recreation and the maintenance of her health. A depressed, tired or sick nurse has no beneficial or uplifting effect upon the patient, in or out of the hospital. There should not be any lowering of her ideals because she sees the impossibility of carrying out the ideas of service with which she entered her school, and she should not be made to feel that she is not considered as a student, but only as a means of carrying on the work of the hospital.

The patient is the most important person in the hospital, which exists for his benefit. It is difficult to give the patient the care he must have, and the nurse the education she should have, and for which she is paying in service. Until the nursing service is supplemented in some manner, the student nurse will be on the ward much longer than is required for her education, as the patient cannot be allowed to suffer, and the result is she is not receiving a well balanced training.

It is the obligation of the hospital to increase the number of nurses on duty to meet the increasing demands upon the nursing service, because of the scientific advance in medicine, because of the increasing number of departments in a hospital requiring nurses to staff them efficiently, and because of the necessity of educating the nurse, to enable her to fulfill the modern requirements of her profession.

If the quality of the nursing care and the nurse's spirit of service are being criticized, is it altogether the fault of the nurse, or may it not be due, in part, to the shortage of nurses, resulting in a lack of education, or an unbalanced education instead of over-education? Is it not a responsibility of hospitals to realize that the nurses are being criticized and to shoulder part of the blame and look for a remedy. The nurse who has given three years of her time in service to the hospital must not be sent out a failure.

Perhaps the time has come when the nurse must begin to pay, in another form than service, for what she receives, so that the dignity of her profession may be recognized from an educational point of view, and her service in the hospital arranged for her training. In the meantime, it is an obligation of hospitals to enlist public support, so that training schools for nurses may become nursing schools, providing a well organized, well balanced nursing education for the students and an adequate staff to give the patients the nursing care they should have.



### The Revised Curriculum for Schools of Nursing

THE revised Curriculum for Schools of Nursing, published by the National League of Nursing Education, will be off the press some time this month (January). At the time of writing of this announcement the price cannot be quoted. Further notice will appear in the February *Journal*.



### Hospital in Poetry Calendar Still Obtainable

THE National League of Nursing Education announces that the 1927 Calendar, Hospital in Poetry, may be obtained in any quantity desired throughout January. Send orders to Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. Price \$1 per single copy, 75 cents per copy on all orders of fifty or more.

### Committee on University Relations Asks for Information

THE Committee on University Relations of the National League of Nursing Education is anxious to have a complete list of schools of nursing which have university relations. Advice from such schools will be greatly appreciated. Send letter to Carolyn E. Gray, Chairman Committee on University Relations, Headquarters National League of Nursing Education, 370 Seventh Avenue, New York, N. Y.



### A Friendly Warning

FOR the information of nurses planning to go to California, it is advised that they obtain knowledge concerning nursing conditions in the community to which they intend going; also the laws governing the registration of nurses, registries, public health nursing and executive work in hospitals.

It is urged that nurses registered in other states shall obtain registration in California before they enter the latter state. Registration in California is required for members of the faculty in schools of nursing; in many hospitals for all supervising nurses; by the State, County and Municipal Civil Service Commissions in all state, county and municipal hospitals. Registration in California is required for membership in district associations. The nurse coming to California should bring her transfer card from the district association with which she has been connected. The official registry is an activity of the district association, and only by membership in the district association may a nurse have the privilege of the registry.

In states where the law requires renewal of certificate, the nurse must present her renewal card before she may be registered. It is advised that credentials be carried in hand baggage and not packed in trunks or boxes intended for storage, as credentials will be required immediately. Credentials in a foreign language must be translated by a proper authority before presentation.

By observance of these few simple facts a nurse may be spared much inconvenience and loss of time.

The offices of the Bureau of Registration of Nurses are located at 334 State Building, San Francisco, and 823 Sun Finance Building, Los Angeles.

ANNA C. JAMME, R.N.,  
*Director.*

# Adapting the Revised Standard Curriculum to the Needs of the University School of Nursing<sup>1</sup>

BY ANNA D. WOLF, R.N.

THE Revised Curriculum has been presented to us by the Education Committee of the League in such a way that its adaptation to various types of organization of nursing schools is suggested and possible. In its construction we find a scheme for its use as a two-year-and-eight-months as well as a three-year course of study. With the consideration of each subject offered, not only the total hours are indicated, but also credit hours have been estimated. The last mentioned factor immediately suggests its usefulness in adapting it to a university program of study. How can this be done in the most satisfactory way?

In attempting to answer this question, it is not my intention to work out a specific course of study in a hypothetical or real university situation nor to advocate a given period for a university course, but to present certain factors and principles which play an important part in its adaptation. If anyone wishes such a detailed curriculum, it can be found in any one of the university bulletins which offer nursing as a professional course of study.

Before answering the first question, we should have well in mind just what peculiar advantages a university school of nursing should offer. Such a curriculum, leading to a bachelor's degree, should broaden the cultural background of the student; should provide a sounder basis in fundamental sciences, emphasizing social sciences; should develop the scientific attitude of inquiry and open-

mindedness; should allow individual choice of subjects, and in addition should permit participation in the social activities of the university.

However, the professional education as its chief aim should never be minimized nor neglected.

Again, how may the Revised Curriculum be adapted to the university school?

In contemplating its introduction, a careful study and analysis must be made of the university curriculum. One can say, generally speaking, each university or college has its own traditions and ideals. There are undoubtedly many factors common to all, but two definite requirements that are met universally and which bear important relations to our subject are matriculation and graduation requirements.

In regard to the first mentioned, the applicant should submit 15 units of credit, secured either through graduation from an accredited high school or by examination. A unit may be described as a course of study comprising not less than 120 60-minute hours of prepared work. In addition, students should meet grade and specific subject requirements.

Besides these, frequently intelligence tests, personal letters relative to interests and activities of students, and references to those from whom may be secured assurance of moral character, are required. A physical examination is often made after entrance. The age for entrance is about eighteen years. These requirements embrace those recommended by the Revised Curriculum.

The second obligation which we must meet is that to secure a bachelor's degree. Each student should present 120

<sup>1</sup>Read at the annual meeting of the National League of Nursing Education, Atlantic City, N. J., May 21, 1926.

college credits, or an equivalent expressed in the credit system of the university, or in more general terms, four academic years of study which include fundamental required subjects, usually in English, history, mathematics, language and science, as well as the approved sequences chosen by the candidate.

To adapt the Revised Curriculum to the university scheme, we can meet the first requirement by a careful selection of candidates, preferably done through the central admissions bureau or committee. The student then enters on a parity with all other students of that particular class in the university.

To construct the nursing curriculum, making it acceptable to university authorities is, however, not so easily managed.

The required courses of the curriculum of the university may be included in the general scheme. These vary with different universities and in all cases must be satisfied. Frequently these, entirely or in part, are the basic science suggested in the Standard Curriculum. Decision must be made as to the advisability of arranging for specially constructed courses to meet these further needs of the basic sciences of the Revised Curriculum, or of including courses then offered in the university. This last mentioned choice would probably mean greater extension of that subject as well as assurance that the grade and methods of teaching and the character of work were of university standard. It may, however, lessen its application to nursing.

The special sciences, such as pharmacology, pathology and the like, and the clinical subjects, as suggested in the Revised Curriculum, should be the minimum, enlarging if possible.

The crediting of a short course, valued at one point, may be questioned. Careful analysis of university policies would anticipate this difficulty and in adapting

the Revised Curriculum, due consideration would have to be taken.

It never seems so difficult to assure university authorities of the standard character of didactic and laboratory courses, but it is a far different story to convince them of the academic and professional worth of nursing practice, whether that practice be in the hospital or in the field.

As it is such a necessary and vital part of our nursing curriculum, every effort must be made to secure credit for it, but the strength of one's position must be in direct proportion to the type of supervision and teaching given to the student during her nursing practice. The educational value received must be equated fairly. Universities have real foundation for questioning and disregarding its academic worth as it is sometimes given. If the school of nursing is to take its place in the university, the nursing practice must be carefully and systematically planned, proportionally allotted and exceptionally well supervised. We find eight hours of nursing practice generally suggested as an equivalent of two hours of laboratory in such a science as chemistry.

The service of the grading committee will help us tremendously in solving some of these perplexing problems relative to the educational value of nursing. We look forward to a functional analysis of nursing from which we may be able to secure scientific information as a basis for the content of the curriculum and not be dependent upon opinions only.

If affiliation is necessary for any given part of the curriculum, that phase must be safeguarded by the same means as the teaching in the hospital of the university, the same standards maintained. The problems arising may be difficult to solve, but should be handled efficiently if the affiliated course is planned and supervised with the same degree of care as the remainder of the course.

Electives should be provided for; if in clinical subjects, sound theoretical courses should be allied. In a university school, the choice of electives need not be confined to clinical subjects but may be extended to academic courses, thus broadening the cultural aspect of the curriculum.

The academic credit given for such a course, based upon the Revised Curriculum, will likely differ in each university. With its adaptation to a given university curriculum, it is hoped that at least two years of college credit may be granted as a minimum.

In connection with this brief discussion of the adaptation of the Revised Curriculum to the university school, and with particular reference to nursing practice, one cannot fail to emphasize the importance and necessity of a carefully selected group of instructors and supervisors, those who are not only in sympathy with the value of such a course for college women, but who are equipped to assist with such teaching. It would be presuming at this time to enumerate possible qualifications universities might require. Suffice it to say that for a university school we must secure women academically and professionally qualified. This means not only the supervisors and instructors in the classroom, but head nurses as well, all of whom share in the instruction of the student.

In summarizing, these points may be brought again to your attention: (1) the Revised Curriculum may be used as a minimum basis for the curriculum of a university school of nursing; (2) the course of study may have to be rearranged to meet the university curriculum organization; (3) the Revised Curriculum may be enriched by liberal courses and by lengthening the scientific and clinical courses suggested, largely dependent upon the length of the curriculum to be established and the university's educational policy; (4) every

effort must be made fairly to evaluate the nursing practice of the student; to ensure careful clinical teaching and supervision, a serious danger being presented if this is not effected; (5) a careful selection of personnel must be made according to academic and professional fitness, with instructors comparable in qualifications relative to their subjects as are the other members of the university staff to theirs; (6) it is to be remembered that the purpose of this course is to give young women an opportunity for a professional education, during which time they may enjoy and profit from the unique advantages of university life and contacts, after which they may find themselves better equipped for citizenship.



### Sheppard-Towner Work

**I**N summarizing the work of administering the Maternity and Infancy Act by the Children's Bureau, Grace Abbott, Chief of the Bureau, made the following statement:

In its administration of the act the Children's Bureau has endeavored to live up to its spirit as expressed in Section 14, which says its intent is "to secure to the various States control of the administration of this act within their respective States." The Federal overhead has been kept at a minimum; only 9 persons (3 physicians, 3 nurses, and 3 clerks) have been regularly employed in the maternity and infant-hygiene division.

The statistical division of the bureau has continued to assemble and interpret the available information on infant and maternal mortality in foreign nations as well as the United States. Six foreign countries have a lower infant mortality than the United States, according to the rates for 17 countries available for 1923. Foreign statistics for later years are not complete, but the trend of infant mortality in the United States has shown a marked improvement. The provisional rate of 72, announced for the United States birth-registration area for 1925, indicates that the reduction made in 1924 has been maintained.

The loss of mothers from causes connected with child bearing is greater in the United States than in any of the countries of Europe, upon the face of the maternal mortality rates assembled. Continued effort to safeguard American mothers is vitally necessary.

## Our Contributors

**Rosemary T. Kobes, R.N.**, began writing for the *Journal* when she was a student in the University of California School of Nursing, a good habit she has promised to continue.

**Dr. Alvan L. Barach** is on the staff of the Presbyterian Hospital, New York City, and the faculty of the College of Physicians and Surgeons.

The economies described by **Rose Richter** are startling. As she is a teaching dietitian in the Baylor University Hospital School of Nursing, students are assured adequate instruction in the preparation of nourishments under her direction.

Another latchstring is out and the nurses of the Pittsburgh District are to be congratulated upon the completion of their splendid Club project.

The demonstration discussed by **Mary D. Davis, R.N.**, was described by an authority in the field as "an outstanding piece of work." Mrs. Davis is a Maternity and Infant Welfare Nurse for the New Hampshire Board of Health.

**Ronald E. Kinney** describes himself as a specialist in insurance of nurses. His figures are arresting, to say the least, for where is the nurse who would not like to be assured of an income of \$100 a month during her sunset years?

**Catherine A. Moults, R.N.**, is the efficient Publicity Secretary of the Alabama State Association and required no coaxing to tell of their unique plan for a scholarship.

**Dr. Armin Klein** is a very busy man, so some months have elapsed since we secured his promise to prepare for the *Journal* the article on Body Mechanics. It was secured in response to requests by instructors for "more material on hygiene." Dr. Klein is best known for the monograph on posture which he prepared for the Children's Bureau, U. S. Department of Labor.

**Michael V. Simko** is a practicing chiropodist.

**Alice M. Powell, R.N.**, is one of the hard working enthusiasts who is making nursing a true social force in China. She is Principal of the School of Nursing at the Sleeper Davis Memorial Hospital, Peking.

The Chair of Nursing in the University of Virginia bears the name of Sadie Heath

Cabaniss but another name, that of **Agnes D. Randolph, R.N.**, the far-seeing Chairman of the Committee which raised the fund, will also be forever associated with it.

**Anne E. Radford, R.N.**, Chairman of the Private Duty Section of the Massachusetts State Association, attended the College of Surgeons Conference in Montreal in October. The visit to famous old Hotel Dieu was but one of the many interesting events of that week.

It has been said by some observers that the papers by **Frances L. Reed, R.N.**, and **Ethel M. Sharpe, R.N.**, "turned the tide" at the Conference on Nursing under the auspices of the American College of Surgeons in Montreal. We are happy to present these papers to our readers. Canada has reason to be proud of these young women who took special postgraduate work at McGill University to prepare for the work they are now doing as instructors in the schools at the Montreal General Hospital and the Royal Victoria Hospital.

**Anna D. Wolf, A.M., R.N.**, is Superintendent of Nurses at the new Albert Merritt Billings Hospital, Chicago, an institution that will play an important part in the development of the school of nursing in the Chicago University.



### Errata

### The List of Accredited Schools of Nursing

**T**O insure accuracy in a piece of statistical work, such as the compilation of data for the List of Accredited Schools, it should be carried quickly to a conclusion. This was not possible when the recently published List was "in work" because the Headquarters office of the A.N.A. early in the year was overwhelmed with preparation for the Biennial and later suffered from the loss of some of its staff. Just how some of the errors occurred is not quite clear, since a few of our well known schools were omitted.

The office of the A.N.A. is making the known corrections in all copies of the List now being sent out. Other corrections will be added as rapidly as they are received.

## Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

*Director, Nursing Service, American Red Cross*

### New Year Greetings

**N**EW YEAR greetings to you, nurses pledged to the Red Cross Nursing Service, and also to those who may some day be members of our family. On the first day of 1927 let me wish you best wishes, enduring throughout the year, wherever you are and whatever you are doing.

The years behind us have seen your devoted service as members of our State and Local Committees, as administrators or executives in Red Cross offices, whether national, branch or chapter, as public health nurses in out-of-the-way places in the United States, as instructors in home hygiene and care of the sick and your selfless ministrations in disaster relief or in whatever nursing work you may be doing in various parts of the world. The year ahead will see all this, too. It brings its own reward; those who give in such a way receive a hundredfold.

Our joys we can share and in our difficulties take heart from the example of those nurses who are still paying the price of their devotion during the World War. To these last, especially, go our greetings in 1927, because their standards of courage and patience, in hospital and out, have taught us many lessons in the twelve months that are past, and enable us to go forward more unfalteringly in those to come.

### Disaster Again

**E**VERY week as it passes now, seems to bring with it tragedies of disaster to one or other parts of the world. Since August last, the number has been unprecedented. Once more, since November 9, tornadoes in Maryland, Arkansas, Alabama, Louisiana, Mississippi, Ten-

nessee, and Texas, and smaller ones in Missouri and Virginia, have increased disaster-stricken areas in the United States. The Philippines is also suffering from typhoon and flood.

The twister that arose out of the Potomac and swept a path twelve miles long and about five hundred yards wide between the small towns of LaPlata and Cedarville, Maryland, brought home to Washington, hitherto remote from such disasters, precisely what they mean. This wind with freakish fury wrought havoc in a series of deadly jerks, one of which demolished a school before the two teachers could take the children outside. It buried eleven of the little ones in the ruins and blew others some distance away, landing one high up in the boughs of a tree. All told, sixteen were killed in the area and twenty others injured. Had the territory through which the wind passed at its height not been sparsely populated, the toll would have been far heavier.

First word was conveyed about 3 p. m. to the Acting Chairman's office at National Headquarters by Police Headquarters. The Volunteer and Nursing Services were at once notified. Mrs. Annie W. Humphreys, Chairman of the District Committee on Red Cross Nursing Service, immediately called together nurses. Mary L. Hawthorne and Myrtie Taylor of National Headquarters with Mrs. Humphreys proceeded to the District of Columbia Chapter House where I. Malinde Havey joined them. Baskets of supplies were speedily packed, first aid kits, splints, blankets, children's pajamas, nightgowns, showing the excellence of the Chapter's resources. The Chapter ambulance had been out distributing Roll Call leaflets under the

direction of General J. A. Johnston, Roll Call Chairman. Disaster calls, taking precedence of all else, brought it in. It soon set off with two internes from the Children's Hospital and the four Red Cross nurses.

"I have seen many a wild ambulance ride in France," said one of the nurses afterwards, "but not one was as wild as this."

They travelled, at a speed between forty or forty-five miles an hour, the thirty-three miles in the drenching rain with the lowering sky, black with gloom, predicting another tornado, as it seemed. Rocking to and fro, rain beating in, supplies jerking hither and thither, the Red Cross ambulance, much lighter than all else on the road at that time, passed three Walter Reed ambulances filled with doctors, nurses, and enlisted men, going the same way. They also passed automobiles, bound in the opposite direction for Washington, filled with disaster victims being rushed to hospitals. In just over two hours after the first call, they were at LaPlata.

Dr. George B. Heath, Deputy State Health Officer, whose office was opposite the school, had done such yeoman service that much of the emergency work had been cleaned up. Drawing on the resources of the Indian Head Naval Dispensary, whose head corpsman had also worked excellently, the wounded had been cared for. There remained the rehabilitation work, of which J. B. Gwin took charge, with other National Headquarters disaster relief workers working under him.

#### Eyewitnesses of Earthquakes

LIVING through the Armenian earthquakes is vividly pictured in two letters just received by Miss Noyes from Elsie Louise Jarvis, Director of the Edith Winchester School of Nursing, Leninakan, and Laura MacFetridge, Assistant Director, Red Cross nurses work-

ing under the Near East Relief. Want of space prevents full quotation, as the descriptions merit, so extracts only are given:

Early in the evening (writes Miss Jarvis) just as I was going home from the hospital there was a loud report and a heavy vibration followed. As the military often practice target shooting across the plains we thought that perhaps it was a cannon shot and dismissed it from our minds. After dinner Miss MacFetridge and I sat on my bed to read some of the latest magazines that had come in that day from America.

We were just comfortably settled when the lights went out. This has been a common thing, as the old Ford engine giving us light was in the habit of resting at intervals. I rose to light the ever ready candles and was just seating myself, when a terrifying rumble and an instantaneous shaking began that seemed to grow and grow. Miss MacFetridge shrieked, "Get out of the house." Clutching one another, we stumbled over falling plaster through the dining room, which seemed to be rocking like a ship, over the front door-step to the field. Still the rocking of the earth continued. A great sudden cry rose from the city, a mile below us in the hollow. The full moon brought a little light. Great dust clouds rose from all buildings and continued sounds of others crashing down could be heard. It seemed as if those few minutes were a few years.

It was quite cold. As soon as the ground seemed steady we went back into the house for wraps . . . . A minute passed and the second shock came. We all rushed again to the doors. Our first thought, of course, was for our hospital. We ran the whole quarter-mile to see what had happened there.

All patients who could move had gathered in the hospital compound. The day nurses ran laughing and crying to meet us. Stopping long enough to be assured that all of them were safe, we made the rounds through the building where, bless them, the little student night nurses were running here and there comforting patients and brushing the plaster and debris from their beds.

The old hospital buildings were built for the Cossack Army and the tale runs that the Czar was so determined to have a building that would be permanent, that he executed several engineers who, he thought, had not done well enough with the plans before they were what he wished. So the buildings are as stable as

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can be, with walls a foot thick and great timbers supporting the roof. Even so, seams had opened. In the second story the sand had poured down from the attic floor where, for warmth, it is packed a foot thick. Large cracks had opened over doorways and masses of plaster had fallen. No one was hurt, mercifully . . . .

Then the patients poured in keeping busy six teams, three in each operating room. Miss MacFetridge took one operating room and I the other. Stretchers stood in the corridors waiting. I was suturing a scalp wound while our medical director was amputating a finger on the same patient when a worse shock came. Suddenly and inexplicably we found ourselves on the outside coming in. Everyone was on the outside. While the building was still shaking, we got back in. I suppose it was natural instinct that unconsciously drove us out and realization that we had left helpless people within that retraced our steps so immediately. With ghastly white faces and shaking fingers we went on with the work, and soon in the busyness, became as normal as we could under the strain.

All night the work kept up . . . . Slight tremors were felt at intervals all day but at two o'clock on Saturday there was quite a severe one. It became harder and harder to withstand the pleas of the bed patients to be taken out of doors. At this last shock they began to run, to crawl, and drag themselves to the doors . . . .

With all of the courage in the world throughout the day, one somehow cannot bring himself to sleep within doors at night. There is something terrible about the darkness and silence that increases the apprehension . . . . Miss MacFetridge and I slept not at all for two days and nights. It was Tuesday, in fact, (the earthquakes began the preceding Friday) before we could take off our shoes and have a bath.

Laura MacFetridge had been in an earthquake before so recognized the first symptoms.

I had just gone upstairs in the hospital (she writes) to have my Russian lesson which the wife of one of the native doctors gives me, when there was a rumbling not unlike thunder or the cut-out in an automobile, and the building shook and trembled for about thirty seconds. I recognized an earthquake at once but as nothing had happened the last time I supposed we were due for a few shocks and went on with my lesson . . . .

The shocks kept coming at more or less regular intervals and it was very hard to keep up one's own morale and assure every one that it would be all right when one does not know really when they are finished. The only thing was to have either Miss Jarvis or myself on duty constantly so we relieved each other for half the nights and stayed on together all day as there was much to be done.

There is such a difference in the shocks and quakes which have been taking place rather steadily since Friday a week ago. We have had tremors and shocks about three to four times every twenty-four hours so that we are quite used to them. This morning there came this entirely different one, more like the first terrible ones, and everyone's morale was immediately ruined again just as they began to feel like living. Personally, I do not like the rumble, as it sounds like something away down under us which must come out and maybe right where one is standing. There are many amusing things which happen and we try to laugh and cheer each other.

I think I have lived through a number of bad times—service near the Front at Evacuation Number 1, falling over a cliff on my way into Turkey, living at Derindje when the Turks and Greeks were shelling each other over our grounds—but through nothing so depressing and terrifying as this. The psychology is so very bad, as everyone's home is ruined and they are afraid to start building again because they are in mortal dread of the return of the first terrible quake . . . .

As our house is ruined, Miss Jarvis and I are to have a little apartment here at the hospital.

#### Nursing in Armenia

**B**OTH America and Armenia may share in pride of the nurses educated at the Edith Winchester School of Nursing. Like their colleagues in countries where modern nursing has been established over a considerably longer period, these Armenian orphans are maintaining the finest tradition of their profession. Miss Jarvis pays them a tribute in these words:

A field hospital was put up. Eleven large tents, with one for dressing station and a small one for executive offices were erected, not all the same day. But by the following all was in order and the place running orderly and well. The student nurses worked untiringly. Absorbed in their work, they kept up

the morale of all, patients and themselves, and have been splendid.

Miss MacFetridge writes:

We were so very proud of our training school. The student nurses worked so very hard for days and though very young and naturally afraid, as soon as they were given charge of the tents, they immediately tried to see whose tent would be the nicest. I was so glad that we had them trained in care of the wards as it was a great help.

This young school of nursing into which smaller schools of nursing at the Near East Relief posts on the plains near the old Alexandropol were consolidated, nearly three years ago, is named after an American Red Cross nurse, Edith May Winchester of Philadelphia, who died in May, 1919, of typhus contracted while working at Eriwan but four months after her arrival in Armenia. Here, and under its ten-year educational program, the Near East Relief is educating suitable, older orphans as nurses. It is noteworthy that already the Edith Winchester School, established and developed by American Red Cross nurses, has its alumnae association with properly constituted constitution and by-laws.

Incidentally an interesting reference in Miss MacFetridge's last report serves two purposes. It calls attention to the excellent discipline maintained and recalls a one-time innovation at Bellevue Hospital, New York City, that shows how far influence may travel. Miss MacFetridge wrote:

One of the first problems . . . . was the care of food brought to the patients by their friends and relatives on visiting days. It was impossible to allow each patient to have food on the bedside table . . . . I copied an idea from Bellevue Hospital. It has worked out beautifully. I expected a number of obstacles but encountered none. I remembered the days of my former service here when it took two weeks to have a new idea working smoothly. What a difference a few years training makes! The very first visiting day, one would

have thought that the checking of food was an old institution.

When Miss Noyes first went to Bellevue she found the wards, immediately after visiting days, more or less like a picnic ground. The food brought in by sympathetic relatives might be quietly tucked under the pillows or injudiciously eaten, sometimes by patients who were supposed to be on a rigid diet! She suggested a plan which was finally adopted, not without a struggle, that visitors should leave gifts of food at the gate-house, where they were marked with the patients' names and later stored in the wards in suitable places. These were then served at mealtimes on the trays or given at intervals between meals. Apparently, the Armenians are more amenable, for the idea which Miss MacFetridge has copied didn't work as smoothly on its first day at Bellevue!

Annual Meeting Postponed

THE Annual Meeting of the National Committee on Red Cross Nursing Service, which generally coincides in time with the Annual Meeting of the American Red Cross, has been postponed from December 8 to January 21 and 22. The latter meeting was scheduled as usual and a number of state nurses' associations at the moment of writing have each appointed a delegate who through her vote has a voice in the general affairs of the Red Cross.

The time of the Nursing Committee Annual Meeting in Washington has been set forward to enable a greater number of members to be present. It will now follow the Board Meetings in New York of the three National Nursing Associations called for the week of January 17. Two long journeys in a brief space of time will thus be spared those members of the National Committee on Red Cross Nursing Service who are also members of one or other Board of Directors.

## Student Nurses' Page



A CLASS AT THE STRONG MEMORIAL HOSPITAL, ROCHESTER, N. Y.  
Hundred of Students Like These Are Learning How To Use the *Journal*

### The Journal and the Student Nurse<sup>1</sup>

BY PATRICIA PIKE

*San Bernardino General Hospital, San Bernardino, California*

WE organized, this past year, in our school, a class in the *American Journal of Nursing*. The class consisted of student nurses with our superintendent presiding.

This class was first started as an incentive to the students, to awaken interest in the activities of the nursing world. Each one is required to subscribe for the magazine. We have a class each month and discuss the various topics.

Three or four students are selected to give fifteen-minute reports on some article or articles of interest to them. The benefit we derive from this class is immense and we enjoy it greatly. It is a nurses' companion and surely worth while.

The *Journal* of 1926 built its accomplishments upon the thinking and the activities of 1925 and the years preceding. It has been in existence twenty-five years, and reached its professional maturity under the leadership of Sophia F. Palmer.

<sup>1</sup>From a paper read at the annual meeting of the California State Nurses' Association.

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Through the *Journal*, we become acquainted with the leaders of our profession, we know "Who's Who" in the nursing world. We become acquainted with the activities of the American Nurses' Association, the National League of Nursing Education, the Army and Navy Nursing Services, the Red Cross Nursing service, and others. Not only do we become familiar with nursing problems in our own country but also in foreign lands. We know of the establishment and growth of nursing schools, such as that of the Santo Tomas Hospital in Panama City, and many others.

The *Journal* also keeps us in close touch with medical problems and progress that are continually taking place. This knowledge of medical progress makes of the nurse a valuable co-worker with the doctor. It prepares her for the high ideals that every nurse so much desires and should assume, to do her part in elevating the nursing profession.

We all know of many incidents where nurses have become graduates without the faintest knowledge of the existence of the different associations of nurses, and it is through the *Journal* that we are ever reminded of such organizations, so that we know they really exist and know of their activities.

The *Journal*, being the official organ of the American Nurses' Association, is just what we need to keep us abreast of the accomplishments and progress of our profession. We read, each month, of the revision of the Standard Curriculum. We know the importance of teaching psychology in schools of nursing. We know of the supply and distribution of nursing service. We obtain considerable information regarding private duty nursing, institutional nursing, group nursing, many others.

Each nurse should be a member of her alumnae, which makes her a member of the district and state association, through which she may become num-

bered with the great army of fellow nurses that constitute the American Nurses' Association. It is important that every nurse should know of this organization, of its wealth of power and privilege, its influence, its effect on the status of our profession, and of the satisfaction of belonging to so great a body.

There is a healthy and friendly rivalry among nurses and schools for a "place in the sun" in the pages of the *Journal*, and so, each month, the magazine is published, freighted with sound professional material and animated by that spirit of service which is the glowing and imperishable heritage of all true followers of Florence Nightingale.

For after all, as Virginia Chetwood has emphasized, in the January number of the *Journal*,

Nursing is our profession, ours because we enter it voluntarily, believing it to be the noblest of professions, and taking upon ourselves the Florence Nightingale vow to uphold its principles with all honor.

The nursing profession involves responsibility, so each one of us must do her part toward its advancement in all its branches.

Since nursing is our profession, we must magnify its reputation and allow no criticism to go unchallenged, to be careful to make none ourselves. We must strive to be an asset to our profession and not a liability.

We must realize that the strength of our profession depends upon the loyal and hearty coöperation of every member in it.

Therefore, thanks to the *American Journal of Nursing* for its wealth of information in giving us the activities of our leaders, for an inspiration and an incentive to become a member of this great organization of professional women and to take an active part in the activities of the best and most noble profession in existence.

## The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

### A Home for Aged Nurses

#### I.

LET us all get together and put it over big. I would like to suggest centralizing homes in separate parts of the country. As a Massachusetts woman, I naturally mention the beautiful suburbs of Boston, the Newtons, Wellesley, Brookline or Milton, all within a short distance of Boston. The time is coming when we shall all seek a place of peace and quiet to gain a bit of strength for a few personal years. Why not start fund, someone volunteer to go ahead, send out letters to all state registries, get some idea who is interested and start something? Speaking for myself, I have an insurance endowment of \$1,000, due in a few years. It is for the home of which I expect to become a member. Let us have a pleasant home, nothing extravagant, a bright place of cheer. Old age is beautiful; in fact, there is no old age; we all get tired and want to know that we have a place to rest and to wait, after we have put aside our caps and cushioned heels. Let us all look forward to a home and a garden.

Maine

L. F. C.

#### II.

In the September number of our *Journal*, there is a short article from a nurse in Oklahoma concerning a national home for nurses. This is a subject of very great interest to all whom I know who read or heard about it. Why not have a national home? What body of women deserve such a place more than nurses?

Living in Florida, where nurses come each winter from all parts of the United States, there is an opportunity to judge the need of such an institution. Some of these nurses have worked far past their time; often both youth and health are gone and only their pride urges them on. Others have, through sheer love of their work and sometimes through the call of duty, impaired their health to the extent that they cannot continue. All these could speak most eloquently for the proposed home. Where is there a nurse who would not give ten dollars per year, even twenty-five, for a home where they could go when their active days are over?

Let us really get together on this most

sensible and vitally interesting idea and plan some means of definitely getting things started.

Florida

E. D. K.

### Hourly Nursing as the Hourly Nurses of One City See It

LAST evening three, only, of our group of hourly nurses could be present; duty and sickness prevented the others. We discussed very thoroughly the points made in your request for information on our work.

*Ages:* Range from thirty up.

*Preparation:* Graduation from accredited schools and such supplemental training as anesthesia, obstetrics, and physiotherapy.

*Reasons:* To meet financial needs of a large majority of people, experience in our work fitting us to give the best of attention to the carrying out of orders necessary to their recovery.

*Types of calls:* Obstetrical, anesthesia, general care, treatments, home operations, and physiotherapy.

*Number of calls:* As reported by the directory for September, 46, averaging about that. Though I have had only six calls this year for my special work from the directory, each one of us has more or less of a clientele. Those of us who have less, are most interested in laying a foundation for our own work and for those who follow us.

*Incomes received* vary. The highest reported three thousand, the lowest, less than a thousand; medium, eighteen hundred. Three of the group add materially to their income by deliveries and anesthesia. They have been identified with their lines of work some years.

*Methods of obtaining calls:* Personal efforts of the nurses through the doctors and patients we have served, and the Nurses' Directory of the district.

H. H. C.

### Fake Solicitors of Orders for Rubber Goods

IT is stated by reputable nurses that a man representing himself as a jobber for a rubber company, made a round of the hospitals in Philadelphia and Baltimore, so far as is known, taking orders from nurses for raincoats. In instances where no money was given, the coats were delivered o.k., by C.O.D. post. In instances where money was

given, no deliveries were made. A call at the Philadelphia address he used brings the information that he left with no forwarding address, and the local branch of the rubber company advises that they know of no jobber trading under his name, except from numerous complaints they have received. The local Police Departments have been advised and are making an effort to apprehend him if he again operates in Philadelphia, which, however, is hardly likely, but since he found such a fertile field among the local hospitals it is fair to assume that he will continue his activities in other cities, and in such event notice hereof in the columns of the *Journal* might accomplish much toward apprehending him.

Pennsylvania

M. P.

#### A Friendly Warning

**T**O nurses who may be considering coming to Detroit in the near future to practice nursing, we would suggest that they first inform themselves on nursing conditions here before leaving their present location.

Private duty nurses are, to a considerable number, on the whole, fully occupied throughout the year in Detroit but there has been within the past year, a larger number of nurses coming in from other states than could be kept as busy as they would like to be. After they arrive, they are regularly (when eligible) accepted on the Registry, but the Registrar accepts them with real concern, during the Autumn months, knowing what meager opportunities there are for them to practice their special nursing, and it therefore seems best to advise them to inform themselves by writing the Nurses' Official Directory first, before coming. We trust our friends outside of our state will not interpret this suggestion as an "unneighborly" or "inhospitable" attitude of the Detroit nurses, but a friendly assistance to save them the embarrassment and disappointment of finding unexpected conditions when they arrive.

Alice Sutherland.

*Chairman Private Duty Section*

(If nurses would refer to the Official Registers, listed in the *Journal's* advertising pages monthly, and make careful investigations, such as that suggested by the Detroit nurses, we are convinced there would be less disillusionment and less actual hardship among private duty nurses. *EDITOR.*)

#### Journals Wanted

The following copies of the *Journal* are wanted for binding for the library of the

School of Nursing, Philadelphia General Hospital. Address Stella Goostray.

1900, all; 1901, all; 1902, January, May, September-December; 1903, January, February, April, May, August-December; 1904, all; 1905, all except June-August; 1906, July, November; 1907, June, July, October, November; 1910, January, May; 1912, February, June, November; 1916, June, November; 1917, February, March, September.

#### Journals on Hand

Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford, Oregon, will sell at 25 cents each the following copies:

1907, January through May and August; 1908, February through June, August, September, November; 1909, complete; 1910, April through December. From 1911, on, most of the volumes complete, or with a few numbers missing.



#### Silencers

**A**LL our enameled iron tables in the surgery and the delivery rooms caused a heap of annoyance when moved from room to room, by rattling, although they had good castors. We have made them absolutely noiseless by removing the tops, placing No. 4 rubber corks in the sockets of the legs and replacing the top. The shelf, if removable, can be made noiseless by splitting lengthwise pieces of rubber tubing about three inches long. Fix two bits on the supporting bars of long sides and replace shelf. The weight of the shelf holds the rubbers in place.

C. McD.



#### How to Give Cod-Liver Oil to Baby

**W**ITH the baby on your lap, pour the cod-liver oil into a spoon held in your right hand. With your left hand open the baby's mouth by pressing his cheeks together between your thumb and fingers. Pour the oil little by little into his mouth. If his mouth is not held open until the oil is entirely swallowed, he will spit out what is left in his mouth. It is rare for a baby actually to vomit oil. Cod-liver oil will not upset a baby's digestion. Older babies may be given orange juice with the cod-liver oil, or after it. It is best, however, to teach them to take it directly, unmixed with anything else.

—Folder No. 5, U. S. Department of Labor, Children's Bureau.

## Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

### *What does supervision mean?*

Supervision originally meant inspection; more and more it is coming to mean the making of standards. A standard may mean but a line, separating the fit from the unfit; it may mean a clearing of ideas, ways, objectives, etc., thus getting away from generalities and vagueness; it may act as an incentive, focusing attention upon higher ideals for achievement.

### *Who is a Supervisor?*

A Supervisor's ability varies from the person who drops in occasionally to see how things are going, offering some well-meant advice and then fading from the picture, to the one who observes, studies, weighs and acts, thus helping others to develop initiative, to learn to plan and to execute.

The Supervisor who follows ideals, makes opportunities to see that the persons associated with her understand the purposes of the hospital and the reasons for the skillful care of the patient. She bridges over the gap between theory and practice.

### *What are her responsibilities?*

To know all points of contact in her department and to be able to interpret such points in a sensible way.

To be ready to meet emergencies, being on the cutting edge of the need.

To develop an educational program for the patient, the patient's friends, the medical, nursing and maintenance staffs.

To become a group leader, a moral prop, a problem solver.

Because of constant changes in conditions and demands, to be able to reorganize the various factors so that conditions become more effective.

### *What are her rewards?*

Because of her foresight, she constantly grows to a higher level of accomplishment.

Making an expert of herself, she is wanted in increasingly responsible positions.

Due to her constructive influence, through her example of health, her reasonable activities, kindly display of a normal mental make-up and fair decisions, she takes keen enjoyment in the development of others.



## Monoxide Gas Poisoning

**W**HEN fire was brought into the world it brought with it a by-product known as carbon monoxide. The latter is formed by burning carbon-containing fuels such as coal, wood, gasoline or gas, whenever not enough air or oxygen is supplied to burn and oxidize the fuel completely.

The Bureau of Mines has formulated rules for the treatment of acute carbon monoxide poisoning which may be summarized as follows:

1. The victim should be removed to fresh air as soon as possible.

2. If breathing has stopped, or is weak and intermittent, or is present in but occasional gasps, artificial respiration by the Schaefer method should be given persistently until normal breathing is resumed, or until after the heart has stopped.

3. Pure oxygen, or a mixture of 5 per cent carbon dioxide in oxygen, should be administered for twenty minutes or more, beginning as soon as possible.

4. Circulation should be aided by rubbing the limbs and keeping the body warm with blankets, hot-water bottles, hot bricks or other devices, care being taken that these are wrapped or do not come into contact with the body and produce burns. This aids in tiding the body over a period of low vitality. Other stimulants, such as hypodermics of caffeine, sodium benzoate, or camphor oil, should not be administered except by a physician after he has considered the possibility of over-stimulation and consequent collapse.

5. The patient should be kept at rest, lying down in order to avoid any strain on the heart. Later, he should be treated as a convalescent and given plenty of time to rest and recuperate.

6. After-effects of carbon monoxide poisoning should be treated symptomatically.

—From Monoxide Gas Poisoning. By A. C. Fildner in *U. S. Daily*, November 22, 1926.

## Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

### 1. What is Trifa?

*Answer.*—Trifa is a triple concentration farina feeding for an infant or a very sick child. The prescription is as follows:

#### TRIFA

112 c.c. milk 16 gm. farina 16 gm. sugar

Scald 100 c.c. of milk in a double boiler. Measure farina and sugar and mix with remaining 12 c.c. milk. Add to scalded milk, stirring constantly until it begins to thicken. Cook forty-five minutes. Will make 100 c.c. trifa which equals 201 calories.

Trifa is low in protein and high in carbohydrate. The principal use made of it would be in undernourished cases when it was not easy to get the child to take food or in cases in which roughage has to be kept out of a diet because of ulcer or some intestinal disturbance.

Because it is low in protein, Trifa could be given a case of nephritis in which there was a complication of intestinal disorder, making it necessary to eliminate roughage from the diet.

BERTHA M. WOOD.

### 2. Please tell me the diseases for which toxin-antitoxin is given and the period of time immunity is conferred for each disease.

*Answer.*—Toxin-antitoxin is used almost entirely as a *preventive* against diphtheria. It is given especially to young children but also to persons who are apt to be exposed such as nurses and doctors. The immunity develops in from six weeks to three months and usually lasts for several years and often for a lifetime. We have found that about 80 per cent remain immune at the end of ten years which is the longest period that we have yet had a chance to retest. Toxin-antitoxin differs from antitoxin in that the antitoxin gives a *passive* immunity lasting only for two to three weeks. The antitoxin in the toxin-antitoxin is wholly for the purpose of partially neutralizing the toxin so that it will not be irritating. There is no free antitoxin in the toxin-antitoxin and there is therefore no immediate immunity produced by an injection. Antitoxin therefore remains the only preventive in the face of actual contact with cases of diphtheria for those who are not immune.

New York City WILLIAM PARK, M.D.

### 3. What is the treatment before and after a Caesarian operation?

*Answer.*—The Caesarian is determined upon by the obstetrician, writes Miss Van Blarcom, according to "the degree and character of the pelvic contractions and upon the size and mouldability of the child's head in relation to the pelvis. This explains why in two women with pelvis of the same size and shape, one will have a spontaneous delivery and one will require a section."<sup>1</sup> She further states that "the elected time is often about two weeks before the expected date of confinement." More recent work, however, is demonstrating the value of deferring the Caesarian until the onset of labor as the normal uterine contractions then tend to control hemorrhage.

The patient is prepared for abdominal section in the usual fashion, and the after-care includes, not only the usual maternity care, but also the care necessary for successful convalescence from an abdominal section.

<sup>1</sup>Obstetrical Nursing, page 305.



## The Nursing Times

ON December 4, 1926, the weekly *Nursing Times*, London, Eng., published by Macmillan and Company, became the official magazine of the College of Nursing, Ltd. The College has discontinued its quarterly Bulletin, but quarterly special College numbers of the *Nursing Times* will be issued and these special numbers sent free to the members of the College. The *Times* is on a subscription basis with special rates for College members.



## Vaccination

THE claim is made that vaccination is dangerous. The medical officers of the Navy have vaccinated, since 1917, approximately three-fourths of a million persons without a death. Medical officers of the Army have, during this period, vaccinated five and a quarter million persons. Only one of these nearly six million men died during the course of vaccination and this man died of pneumonia."

HUGH S. CUMMING, M.D.

—Quoted from the Connecticut State Department of Health.

## NEWS

[Note.—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

### American Nurses' Association

Another distinguished nurse from China brought the tang of the Orient with her when Cora E. Simpson, secretary of the Nurses' Association of China, visited Headquarters.

She gave a picture of the nursing profession in her adopted country which has made not only China, but the whole world, open its eyes since 1907 and which is ready to welcome nurses from every corner of the globe at the big International in Peking, in August, 1929.

China now has 115 registered schools of nursing and 50 more working toward registration. Nurses of eighteen nations work together in the Nurses' Association of China which is the only organization in the great country holding international affiliations. The association is now raising funds for its headquarters at Hankow which is to cost approximately \$25,000. Money for the land has already been raised, and contributions have been sent in from American nurses.



### Miss Clapp Visits Rhode Island

All of the accredited schools of nursing in Rhode Island were included in the itinerary of Edith J. L. Clapp, field secretary of the American Nurses' Association, in her trip through the state this month.

She attended meetings at Westerly, Pawtucket, Woonsocket, Newport and Providence, meeting and speaking to the students and members of the nursing staff in each school. In Providence, representatives of the alumnae associations as well as the student nurses and staff members of a group of schools gathered to hear her. Represented were the State Hospital for Mental Diseases, Butler, Homeopathic, Rhode Island and St. Joseph's hospitals.



### Last Call for Dues

A last call for dues from the states for membership in the American Nurses' Association has been sounded at Headquarters. March 1 is the time limit set for the completion of the act when the official count must be in at Headquarters. Meanwhile nurses all over the

country are waiting to see the 1926 total. Checks may be made payable to the American Nurses' Association.



### Nurses in Russia Work Six Hours

If a unit of American nurses could give a demonstration of public health nursing in Russia, it would mean a big thing for Russian nursing, Anna Haines, who has known revolutionary days in Siberia and has been acting as instructor in a government hospital in Moscow, said on a visit at Headquarters. She has come to the United States to aid in raising funds for a school of nursing to be opened under the auspices of American Friends.

Public health nursing is now as scarce as private duty under the Soviet regime, because the graduate nurses go back to the hospitals, Miss Haines said. She believes that a group of public health nurses, subsidized by an organization, could make a striking demonstration of the value of public health nursing in Russia.

Doctors and nurses in Russia are civil servants, working six hours a day on salary. Since industrial unions prevail, doctors, nurses, maids, laundresses, orderlies, all those connected with hospitals belong to the Medical Union. Questions pertaining to the hospitals are discussed in language that the humblest employee can understand, and no employee of a hospital may be discharged without the consent of a committee of the union. The organization makes for good morale in the hospital, Miss Haines said.

The purpose of the school of nursing planned by the Friends is to show what results may be obtained from the best methods of training nurses. If the school is opened on a five-year program, as is hoped, two classes will be engaged in active nursing before the experiment is completed.



### French Nursing Instructor Here

Marie Perrelet, a graduate of L'Ecole Professionelle d' Assistance aux Malades, Paris, stopped at Headquarters last month on her way home after spending a number of months

studying nursing in America. She will become an instructor in her Alma Mater on her return.

She studied at Teachers College, Columbia University, where she took the summer course, Yale University School of Nursing, New Haven, and also at schools of nursing and visiting nurse associations in Philadelphia and Boston.

Miss Perrelet says that the difficulty French students have in private schools of nursing is that they have to get their practical work in big hospitals, under supervisors who may not know modern technic. For this reason, it is hard for the school to be sure that the theory taught is being correctly carried out in the ward procedure.



### Nurses' Relief Fund

REPORT FOR NOVEMBER, 1926

Balance on hand, October 30, 1926.	\$21,663.88
Interest on bonds	692.80
Interest on bank balances	48.07
Income from Jane A. Delano Fund	21.47
	\$22,426.22
Alabama: Thanksgiving offering, Dist. 1, \$14.45; Hillman Hosp. Alum. Assn., \$12	26.45
California, Dist. 9, \$5; Dist. 10, \$6; Dist. 16, \$5; Dist. 22, \$23	39.00
Connecticut: Bridgeport Hosp. Alum. Assn., \$28; Danbury Hosp. Alum. Assn., \$20; Meriden Hosp. Alum. Assn., \$15; Middlesex Hosp. Alum. Assn., \$30; Litchfield County Hosp. Alum. Assn., \$5; 25 individual members, \$22.25	120.25
District of Columbia: Sibley Me- morial Hosp. Alum. Assn., \$22; one individual, \$10	32.00
Florida: Dist. 5	5.00
Kansas: Dist. 1, Stormont Hosp. Alum. Assn., \$43; Dist. 6, \$20	63.00
Maine: State Nurses' Association, \$100; Central Dist., St. Mary's General Hosp. nurses, \$25; Cen- tral Maine General Hosp. Nurses' Alum., \$31.75; Western Dist., in- dividual members, \$25; Children's Hosp. Alum., \$9; Trull Hosp. Alum., \$6; Maine Eye & Ear Alum. Assn. and members, \$30; Maine General Hosp. Alum. and members, \$63	289.75
Massachusetts: North Adams Alum. Assn., \$25; Emerson Hosp. Alum. Assn., \$10	35.00

Minnesota: Dist. 2, \$3; Dist. 3, \$105; Dist. 4, \$9; Dist. 6, \$10	127.00
Missouri: Dist. 1 (St. Joseph), Noyes Hosp. Alum. Assn., \$25; Missouri Methodist Hosp. Alum. Assn. (formerly Ensworth), \$25; Dist. 2 (Kansas City), \$65; Uni- versity Alum. Assn., \$27; Chris- tian Church Alum. Assn., \$30; Dist. 3 (St. Louis), \$75; St. Luke's Hosp. Alum. Assn., \$120; Dist. 6 (Kirksville), individual members, \$16.50	383.50
Montana: Dist. 2	35.00
Nebraska: Dist. 1, \$26; Dist. 2, Swedish Mission Hosp. Alum. Assn., \$22; Nicholas Sena Hosp. Alum. Assn., \$25; Immanuel Hosp. Alum. Assn., \$8; Clarkson Hosp. Alum. Assn., \$50; individ- ual members, \$37	168.00
New Hampshire: Notre Dame Hosp. Alum., Manchester, \$15; Franklin Hosp. Alum., Franklin, \$5; 3 individual gifts, \$3	23.00
New Jersey: Dist. 1, Elizabeth General Hosp., \$15; Newark Me- morial Hosp., \$3; Orange Me- morial Hosp., \$6; Mountainside Hosp., \$1; Dist. 2, \$96; Hacken- sack Hosp., \$25; Bayonne Hosp., \$11; Englewood Hosp., \$3; Christ Hosp., Jersey City, \$1; Dist. 6, individual members, \$6; Alum. Assn., Newark Beth Israel Hos- pital, \$10	177.00
New York: Dist. 1, Buffalo Gen- eral Hosp. Alum., \$25; student body, Our Lady of Victory Hosp., \$25; Dist. 3, student body, Arnot- Ogden Memorial Hosp., \$50; Dist. 4, Cortland County Hosp. Alum., \$60; Syracuse Memorial Hosp. Alum., \$150; Auburn City Hosp. Alum., \$25; two individ- uals, \$15; Dist. 5, Ithaca City Hosp. Alum., \$25; Binghamton Hosp. Alum., \$25; Johnson City General Hosp. Alum., \$11; Dist. 7, Utica State Hosp. Nurses, \$10; Dist. 9, student body, Troy Hosp., \$75; Dist. 13, \$200; Lincoln Hosp. Alum., \$10; New York In- firmary Alum., \$25; White Plains Hosp. Alum., \$10; New York Post Graduate Hosp. Alum., \$100; New York City Hosp. Alum., \$25; St. Luke's Hosp. Alum., \$50;	

127.00

one individual, \$5; Dist. 14, Jewish Hosp. Alum., \$25; cash collected at State meeting, \$217.50.	1,163.50
Oklahoma: Dist. 1, \$15; Dist. 2, \$5; Dist. 3, \$3; Oklahoma Methodist Hosp. Alum., \$8-----	31.00
Oregon: Dist. 5-----	28.00
Pennsylvania: State Association of Graduate Nurses, \$4,639.60; Brad-dock General Hosp. Alum., \$10-----	4,649.60
Texas: Dist. 1, \$16; Dist. 4, \$50; Dist. 8, \$232; Dist. 10, \$32.50; Dist. 15, \$13; State Association, \$107-----	450.50
<b>Total Receipts</b> -----	<b>\$ 30,272.77</b>
<i>Disbursements</i>	
Paid to 132 applicants-----\$ 1,955.00	
Stationery ----- 6.25	
Printing ----- 26.00	
Collection charges----- .35	
Salary ----- 111.10	
<b>Total disbursements</b> -----	<b>2,098.70</b>
Balance on hand, Nov. 30, 1926----- 28,174.07	
<i>Farmers' Loan and Trust Co.</i>	
----- \$11,389.00	
<i>National City Bank</i> ----- 15,785.07	
<i>Bowery Savings Bank</i> ----- 1,000.00	
<b>\$28,174.07</b>	
<b>Invested Funds</b> -----	<b>101,554.64</b>
	<b>\$129,728.71</b>

383.50

35.00

168.00

23.00

177.00

### The Isabel Hampton Robb Memorial Fund

REPORT TO DECEMBER 8, 1926

Previously acknowledged as of November 10, 1926----- \$30,879.44

#### *Contributions*

Connecticut: Alumnae Association of Connecticut Training School for Nurses, New Haven, \$19.50; Bridgeport Hosp. Alum. Assn., \$14; Litchfield County Hosp. Alum., \$2.50; individual members of A.N.A., \$7.63-----	43.63
Louisiana: State Nurses' Assn.-----	10.00
New York: State Nurses' Assn., \$25; St. Luke's Hosp. Alum., \$10-----	35.00
North Carolina: State Nurses' Assn.-----	25.00
	<b>\$30,993.07</b>

MARY M. RIDDLE, *Treasurer*.

### The McIsaac Loan Fund

REPORT TO DECEMBER 8, 1926

Nov. 9, Balance----- \$132.90

#### *Contributions*

Connecticut: Alumnae Association of Connecticut Training School for Nurses, New Haven, \$19.50; Bridgeport Hosp. Alum. Assn., \$14; Litchfield County Hosp. Alum. Assn., \$2.50; individual members of Graduate Nurses' Assn., \$7.62-----	43.62
Louisiana: State Nurses' Assn.-----	10.00
New York: St. Luke's Hospital Training School Alum. Assn., New York City-----	10.00
North Carolina: State Nurses' Assn.-----	25.00
North Dakota: One individual member-----	10.00
	<b>\$231.52</b>

MARY M. RIDDLE, *Treasurer*.

Contributions to both funds are desired. Checks may be sent to the treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main Street, Rochester, N. Y.



THE NEW ENGLAND DIVISION of the American Nurses' Association is planning to hold its biennial meeting in Providence, Rhode Island, the latter part of April. Vermont coöperates with Rhode Island in planning the program. Lillie Young of Brattleboro is Chairman of the Program Committee.



### Army Nurse Corps

During the month of November, 1926, orders were issued directing nurses to the stations indicated: To William Beaumont Hospital, El Paso, Texas, 1st Lieut. Agnes James; to station hospital, Fort Benning, Georgia, 2nd Lieut. Nettie H. Erdenberger; to station hospital, Fort Eustis, Virginia, 2nd Lieut. Lillian K. Loutey; to station hospital, Camp Lewis, Washington, 1st Lieut. Henrietta M. Davidson; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Edna M. Livingston; to station hospital, Fort Sam Houston, Texas, Lieut. Lulu Gerdig, 2nd Lieuts. Flora E. Saxon, Marguerite Hanson, Edna L. Moat, Florence A. Roe, 1st Lieut. Jane G. Molloy; to Walter Reed General Hospital, Washington,

D. C., 2nd Lieuts. Violet E. Neith, Mary F. Galli.

Second Lieut. Loretta M. McAleer, previously reported separated from the corps has been re-assigned.

The following named are under orders for separation from the service: Violet G. Abel, Marie Blazicek, Mary Henry, Katherine MacNamara, Ferol M. Cornelison, Anna E. Navicky.

JULIA C. STIMSON,  
*Major, Superintendent, Army Nurse Corps.*

### Navy Nurse Corps

REPORT FOR NOVEMBER

Appointments: Six.

Transfers: To Boston, Mass., Blanche Kennedy; to Annapolis, Md., Julia T. Johnson; to Canacao, P. I., Nora B. Frederick, Genevieve C. Brown, Alice B. Boyd; to Great Lakes Dispensary, Isabella F. Erskine, Chief Nurse; to Guam, M. I., Ruth Ingram; to Hampton Roads, Va., Lela B. Coleman, Chief Nurse; to Mare Island, Calif., Edith Hebdon, Agnes B. Cameron, Stella Terrell; to Norfolk, Va., Thomasina Libbey; to Pensacola, Fla., Katrina E. Hertz, Chief Nurse; to Port au Prince, Haiti, Gertrude B. Arnest; to Quantico, Va., Carrie Hawkinson; to San Diego, Calif., Lulu B. Wright; to St. Thomas, V. I., Pauline J. Paulsen; to Tutuila, Samoa, Mary P. Leader; to Washington, D. C., Elizabeth Hoag, Chief Nurse.

J. BEATRICE BOWMAN,  
*Superintendent, Navy Nurse Corps.*

### U. S. Public Health Service

Transfers: To Memphis, Tenn., Dena Means, Winifred Warren; to San Francisco, Calif., Grace Tillotson; to Chicago, Ill., Carolyn Bauerman, Anna Weick; to Evansville, Ill., Catherine Winters, Acting Chief Nurse; to Ellis Island, New York, Ruth Busby; to Port Townsend, Wash., Anna Harrington.

Reinstatements: Beatrice Bona, Lena Townshend.

New Assignments: Thirteen.

LUCY MINNIGERODE,  
*Superintendent of Nurses, U. S. P. H. S.*

### United States Veterans' Bureau

REPORT FOR NOVEMBER

Assignments: Forty-six.

Transfers: To Sunmount, N. Y., Nellie

Carter, Jean Mingay; to Bronx, N. Y., Ruth Warren; to Fort Harrison, Mont., Katherine Collins; to Legion, Tex., Pauline Dankhoff; to Whipple, Ariz., Alice P. Flocker.

MARY A. HICKEY,  
*Superintendent of Nurses.*



### Congress on Medical Education, Licensure and Hospitals

The annual congress will be held on February 14 and 15 in the new Palmer Hotel, Chicago. The addresses of greatest interest to nurses are: February 14, Teaching of Public Health in the Modern Medical School, Waller S. Leathers, M.D., Nashville, Tenn.; February 15, A Hospital Department of Physical Therapy, Frank B. Granger, M.D., Boston; Hospital and Health Centers for Rural Communities, Watson S. Rankin, M.D., Charlotte, N. C.



### Institutes and Special Courses

Canada: Quebec.—STE. AGATHE DES MONTs, a tuberculosis sanatorium of high standing, is giving postgraduate and affiliation courses.

New Jersey: THE NEW JERSEY LEAGUE will hold its second Institute, at the City Hospital, Newark, on January 27 and 28.

New York: New York.—SECTION 1 OF THE NEW YORK STATE LEAGUE will hold an institute on The Clinical Method of Teaching, January 10-13, Elsa Schmidt, Director, with the following program:

January 10, Mt. Sinai Hospital, 9 a. m.—Registration; Welcome by Miss Greener; "Principles of Educational Method and Problems of Ward Teaching," Dr. Robert B. Raup, Teachers College. 2 p. m., "The Case Study as an Educational Method," Isabel M. Stewart; Conditions and Resources Necessary for Effective Ward Teaching, Carol L. Martin.

January 11, Bellevue Hospital, 9 a. m.—Demonstration of a morning report, Head nurses and students; Demonstration of Weekly Conference with Head Nurses, Mary M. Marvin; Exhibit of case studies, etc.; Pediatric nursing clinic, R. C. McCarthy, M.D.; Pediatric nursing clinic, Maud Kelly. 2 p. m., Demonstration of an operating-room clinic, G. A. Carlucci, M.D.; Demonstration in Practical Nursing by Preliminary Students, in charge of Ethel Bacon.

January 12, Mt. Sinai Hospital, 10 a. m.—

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"The Case Study in Public Health Nursing, Mabelle S. Welsh, East Harlem Nursing and Health Demonstration; "The Importance of the Study of Constitution for Doctors and Nurses," George Draper, M.D. 2 p. m., Presentation of the Case Study Method as Carried out in Different Hospitals and Schools.

*January 13*, Mt. Sinai Hospital—Regular classes conducted to which visitors are invited.

**Pennsylvania: Philadelphia.**—THE PENNSYLVANIA LEAGUE OF NURSING EDUCATION conducted an Instructors' Institute, October 28-30. Caroline Stackpole, of Teachers College, Columbia University, gave three lectures on Physiology; Mary T. Whitley, also of Teachers College, gave a course of three lectures on Education; Harriet Friend of Temple University, Philadelphia, spoke on Teaching and on Hospital Housekeeping. Other subjects were: Serum Therapy, John Kolmer, M.D.; The Project Method of Teaching Nursing Procedures, Margaret Welsh, New York; Correlation of Advanced Procedure with Ward Duties, Ellen Dever; Conference on Everyday Teaching Problems, Madeleine Wayne.



### Commencements

#### MAINE:

The Eastern Maine General Hospital, Bangor, a class of thirteen on December 20, with an address by Mary M. Roberts.

#### MASSACHUSETTS:

The Peter Bent Brigham Hospital, Boston, a class of thirty, on November 26, with an address by Effie J. Taylor.



### State Boards of Examiners

**Iowa:** THE STATE BOARD OF NURSE EXAMINERS reports that 226 applicants took the examinations in November. This is the largest number to appear for examination in the history of the state. The fifty-six training schools of the state were represented.

**Kansas:** THE KANSAS STATE BOARD OF EXAMINATION AND REGISTRATION held a meeting in Topeka, December 6-8. Ethel Hastings was elected to the office of President. Ninety candidates were examined.

**Louisiana:** The semi-annual examination of the LOUISIANA NURSES' BOARD OF EXAMINERS was held in New Orleans and Shreveport, November 2 and 3, with 112 successful applicants.

**Michigan:** THE MICHIGAN BOARD OF

REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants in Lansing, February 16 and 17. Helen de Spelder Moore, Secretary.

**Missouri:** THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold its next examination in St. Louis and Kansas City, January 19 and 20. At the annual meeting of the Board, held on December 8, Mrs. Louise K. Ament was elected president and Rose Hales, treasurer. Jannett G. Flanagan, Secretary.

**North Dakota:** On January 1, Josephine Stennes of Rugby became president of the BOARD OF NURSE EXAMINERS. Her successor in the office of secretary is Mildred Clark of Devils Lake.

**Pennsylvania:** THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will conduct examinations in Philadelphia, Pittsburgh, and Harrisburg on February 5. The Philadelphia examination will be conducted at the Philadelphia General Hospital; in Pittsburgh at the College of Industries, Carnegie Institute; in Harrisburg at the Harrisburg General Hospital. Helene Herrmann, Secretary-treasurer.

**Virginia:** THE VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examinations in Richmond, January 18, 19 and 20. For further information apply to Ethel M. Smith, Secretary, Craigsville.



### State Associations

**California:** THE NORTHERN LOCAL LEAGUE held its November meeting at the San Francisco Nurses' Club, San Francisco. Lisle Freiligh, Superintendent of the San Francisco Hospital School of Nursing, read a most interesting paper on The Apprenticeship System versus Professional Education. The December meeting was held at Merritt Hospital, Oakland. Florence Grubb, Instructor of Nursing at Merritt Hospital, gave a cleverly written review of current nursing articles in late nursing magazines, and the *Modern Hospital*. Anna C. Jammé gave a short talk on the progress of the Committee on Grading Schools of Nursing.

**Connecticut:** The annual meeting of the GRADUATE NURSES' ASSOCIATION OF CONNECTICUT will be held in Waterbury, January 25, 26, 27. The program for Tuesday afternoon will be in charge of the League of Education

Section; Tuesday evening there will be a mass meeting; Wednesday afternoon will be in charge of the Public Health Section; Wednesday evening, a banquet; Thursday, Private Duty Section and Graduate Nurses' Association Day. It is planned to have the business sessions and section meetings in the morning and each afternoon have a mass meeting and a subject of interest to all. The meetings will be held in the Y. M. C. A. and the Congregational Church.

**Delaware:** The annual meeting of the DELAWARE STATE ASSOCIATION OF GRADUATE NURSES will be held on January 18. The November meeting of the Association was held on the 18th at the Hotel DuPont, Wilmington. It was a dinner meeting, preceded by a short business session. The speaker was S. Lillian Clayton, President of the American Nurses' Association. The attendance was good and everyone enjoyed Miss Clayton's talk on History of Nursing, Past and Present.

**District of Columbia: Washington.**—The October meeting of the LEAGUE OF NURSING EDUCATION was held at the Gallinger Hospital. Elizabeth Melby, Instructor of Nurses at Walter Reed Hospital, spoke on the growth of the central school in the District. An informal discussion followed.

**Florida:** The annual meeting of the FLORIDA STATE NURSES' ASSOCIATION was held at the Florida Hotel, Lakeland, October 27, 28 and 29. The president, Mrs. Lucy McGee, presided at the opening meeting. Although nursing is in its infancy in the state, it was evident all during the meeting that great progress had been made. The *Annual* was a big step forward and plans for a monthly magazine, *The Florida Registered Nurse*, were discussed. Each section held very instructive and interesting meetings. J. Craig presided at a called meeting of the private duty nurses. It was decided to try to organize a Private Duty Section in each district. Six new districts were formed, making thirteen in all. The Nurses' Relief Fund Committee gave its report and it was decided that the president of each district appoint a Nurses' Relief Fund Committee. On motion, the by-laws, Article II, Membership, Section 7, were amended to read: "A member in good standing in any state association and filling the requirement of the Florida registered nurse, who changes her residence to Florida, shall be admitted to the Florida State Nurses' Association by membership transfer card," etc. Invitations for the next annual meeting were read from the following

cities: Tallahassee, Miami, Tampa, and Brooksville. The result of the election was as follows: President, Mrs. Byrtene Anderson, Jacksonville; vice presidents, Mrs. Edna Knight, Tampa, and Beula Stevens, Tampa; secretary, Mrs. Bonnie Arrowsmith, Tampa; treasurer, Bertha Rowe, Daytona Beach. A rising vote of thanks was given the retiring officers.

**Georgia:** THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES held its nineteenth annual convention at the De Soto Hotel, Savannah, October 21, 22 and 23. At the opening session, the invocation was given by Rev. W. A. Taliaferro. The afternoon session was devoted to reports of the Committees. The evening session was well attended: Invocation, by Rev. S. B. McGlohon; welcome address by Hon. R. M. Hull, Mayor of Savannah; greetings from Mark Fenton, Major Frank P. McIntire and Dr. W. R. Dancy, President of Georgia Medical Society; response by Virginia Gibbs. The president's address by Lucy Hall gave an outline of the progress of the Association in the nineteen years.

**Friday, October 22.**—Friday morning session was devoted to the Red Cross, Mrs. Mae M. Jones presiding. After community singing and saluting of the flag, Mrs. Jones gave an outline of the work done in the State during the year. Lieut. Col. W. B. Crawford and Col. Reynolds J. Burt gave a splendid talk at this session. After this session the excellent reports of the delegates to American Health Congress were read. The afternoon session was devoted to the Education Section. A splendid paper was given by Lillian Cumbee on Ideal Equipment for a 100-bed Hospital. Alice Stewart's paper, Care of Hospital Equipment and Breakage, was enjoyed by all. Blanche Pfefferkorn, Executive Secretary, National League of Nursing Education, gave a very instructive talk on the work and advancement of the National League of Nursing Education. Eva Tupman's paper, Carrying out the Standard Curriculum, was greatly appreciated, as it carried a well-thought plan for instructing pupil nurses. At this time several members of the Association presented a resolution to the body to form a State League of Nursing Education. This League was formed and Mrs. Eva Tupman was made president and Bessie Feebeck treasurer.

**Friday Evening:** Friday evening's program was opened with invocation by Rev. J. A. Thomas. Several musical selections were given and a splendid instructive talk on the Trend in Public Health Nursing by Jane C. Allen,

General Director, National Organization for Public Health Nurses.

*Saturday, October 23.*—The early morning session was opened by the Chairman of the Private Duty Section, Harriett Buckner. Splendid papers were read by Myrtis Younge on Private Duty Nursing; Mrs. Heber Jenkins, What the Directory Means to Nurses; and Alma L. Lewis on Advancement in the School of Nursing. Mrs. Helen S. Jenkins' paper on Efficient Service of the Private Duty Nurse was splendid. Private Duty Nursing from the Standpoint of the Hospital was read by Martha Garzka. The Georgia State Association of Public Health Nurses took charge of the meeting at 10:30 a. m. The following papers were read: Coöperation, Carroll Swann; Address, Jane C. Allen; Address, Mary M. Roberts, Editor of the *Journal*. The afternoon was devoted to business. A revision of the nurses practice law and compulsory registration law were discussed. The Association gave its support to this movement.

The following officers were elected: President, Lucy Hall; vice president, Margaret Dorn; secretary, Mrs. Alma Albrecht; treasurer, Jean Harrell; counselor, Bessie Feebeck. The nurses were delightfully entertained at the Roast at the Shriners' Club, by an automobile ride around the city and at the banquet and dance given Saturday evening. One of the pleasing features of the evening was the talent displayed by the entertaining nurses. Many little appropriate verses were read, carrying a message of good will, good fellowship in every line.

**Iowa:** At the annual meeting, held in October, the following officers were elected for the **IOWA LEAGUE OF NURSING EDUCATION**: President, Lola Lindsey, Iowa City; secretary, Lois Blanche Corder, Iowa City; treasurer, Martha Hein, Hampton. The officers of the **STATE ASSOCIATION** who were re-elected are: Nelle R. Morris, president; Margaret Stoddard, Grace VanEvera, vice presidents; Maude Sutton, secretary; Margaret Henke, treasurer. Fort Dodge was chosen as next meeting place.

Iowa has 2,504 legally practising registered nurses; of this number 1,400 are members of the State Association and the attendance at the state meeting averages between four and five hundred.

**Louisiana:** The seventh annual convention of the **LOUISIANA STATE NURSES' ASSOCIATION** was held in New Orleans, October 26-28, in the New Orleans Nurses' beautiful Club House. The meeting was called to order by Geneva Peters, President. It was well attend-

ed and an unusual amount of interest and enthusiasm was shown. A report of the activities of the year just ended showed that the State had issued credential cards to each member, that they went to Legislature in May, and had their nurse practice act amended and, beginning January 1, 1927, they will have re-registration. A very interesting report was given of the A. N. A. Convention. The State voted to join the Southern Division of the A. N. A., providing one is permanently formed. It also voted to pay its own dues into the International Council of Nurses annually. A discussion as to changing the date of the Annual Convention to conform with plans from Headquarters, so as to have a national representative every year, showed the State willing to make this change in the dates, if found necessary to do so, and at the next annual meeting to change the by-laws accordingly. Contributions were made to three educational funds: The Federation of Women's Clubs; Loan Scholarship Fund; The Isabel Hampton Robb Memorial Fund; and The McIsaac Loan Fund. A most inspirational program was prepared and many very interesting papers were heard. Among the speakers were: Rev. Matthew Brewster, Mayor Arthur O'Keefe, and Dr. H. E. Bernades of New Orleans. Miss Call's paper, *The Nurse in Politics*, deserves particular mention, as she so clearly set before the nurses their duty and right and at the same time their limitations, in politics. Barbara Frank of New Orleans gave a most interesting and instructive paper on *Hourly Nursing*. A luncheon was beautifully served on the lawn of the Club House, Wednesday noon, by the New Orleans nurses. All enjoyed a theater party, as guests of the New Orleans District, Wednesday night, and a luncheon Thursday. The outstanding feature of the convention was the presence of Mary M. Roberts from National Headquarters. The eloquence of Miss Roberts, the help and encouragement she inspired, will be a lasting memory for those who had the privilege of hearing her. The meeting was dedicated to the memory of Mary Gillespie and \$100 was voted to the Relief Fund of the A. N. A. in her memory. Her natal day, September 12, will be observed as Gillespie Day, at which time nurses may make volunteer contributions to the Relief Fund in her memory. The convention was proclaimed a great success, both in attendance and in spirit of good fellowship. The next convention will be held in Baton Rouge.

THE LOUISIANA LEAGUE OF NURSING

EDUCATION held its second annual meeting on October 26, at the Nurses' Club House, New Orleans. The following officers were elected: President, Mrs. Annie L. Smith, Baton Rouge; vice president, Stella Stewart, Shreveport; secretary-treasurer, Mrs. Anna W. Crebbin, New Orleans; directors, Sister Evangelista, Sister Baptista, Mother de Bethanie, Julie C. Tebo.

**Maine:** THE MAINE STATE NURSES' ASSOCIATION will hold its annual meeting in the DeWitt Hotel, Lewiston, January 7 and 8, with the following program: *January 7*, Registration, meeting of Executive Committee and, at 11, business meetings of the three Sections, Private Duty, Public Health and League. The afternoon session will open at two, with an invocation by Rev. Father Ed. Kealy, an address of welcome by the Mayor, Robert J. Wiseman, a response by I. C. Johansen and the reading of the Federation Collect. Reports of Districts and committees will be followed by the address of the President, Edith L. Soule, and one by Edith Clapp, Field Secretary of the American Nurses' Association. At 7 p. m. there will be a banquet at the DeWitt Hotel, when reports of the sections will be given, a report on registries by Mrs. Lou Horne, and an address by Janet M. Geister, Headquarters Secretary of the American Nurses' Association.

*On January 8*, the morning session will be opened by Eleanor Campbell, Chairman of the League of Nursing Education. Papers will be read on How to Meet the High School Deficiency and The Problem of Ward Supervision. At 11, Louise P. Hopkins, Chairman of the Public Health Section will preside, subject and speakers to be announced. The afternoon session will be devoted to business.

**Maryland:** The twenty-fourth annual meeting of the MARYLAND STATE NURSES' ASSOCIATION, MARYLAND LEAGUE OF NURSING EDUCATION and the MARYLAND STATE PUBLIC HEALTH NURSES' ASSOCIATION will be held in Baltimore on January 12, 13, 14. Wednesday evening the speakers will be Dr. Esther L. Richards, Johns Hopkins Hospital, and Dr. Ella Lonn, Goucher College. All of the sessions on Thursday will be under the auspices of the Maryland State Public Health Nurses. The annual dinner will be given at the Rennert Hotel, Baltimore, and Carrie M. Hall, President National League of Nursing Education, will be the speaker. The first issue of an interesting State Bulletin has been sent out from State Headquarters.

**Mississippi:** The annual meeting of the MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES was held in Greenwood, October 28 and 29. The opening session on October 28 pertained to business routine. At the second session, reports were received from the county and alumnae association, and a report of the American Health Congress, by Mary D. Osborne. Edna L. Kellam presided at the League of Nursing Education Section. The following papers were read: Problems of Student Nurse in the Training School, Mary B. Lynch; Advantage of Affiliation of Small Training Schools with Tuberculosis Sanatoria, Elinor Parker Moss; Legislation, Mary Trigg. An address was given by Abbie Roberts, Director of Nursing Education, Peabody College. The third session was held in the evening, addresses were given by Abbie Roberts, Agnes Randolph and Mary H. Trigg. Dr. George Baskerville presided and Dr. J. Y. Gillespie gave the address of welcome. At the fourth session, Mary M. Roberts gave an address and the Public Health Section was conducted by Mary D. Osborne. The following papers were read: Oral Hygiene, by Stella Tannehill; Child Health Conference, by Syd Vaughn; Mississippi Health Camp for Children, by Emma Taylor; Hygiene Class Instruction, by Inez Breland. At the fifth session, Dolor M. Tilly read a paper on The Private Duty Nurse. This was followed by routine business, such as report of tellers, report of Committee on resolutions, unfinished business, installation of new officers. There has been a slow but steady increase in the number of nurses attending the annual meetings of the State Nurses' Association and the nurses now take part freely in all discussions. The people of Greenwood were most hospitable in entertaining the nurses at luncheons, receptions and a delightful ride through the delta plantations. At the close of the session the officers of the Association were taken to the home of Eleanor Kern, a nurse who died in service in 1918. Her grave was decorated by a former classmate. Officers elected are: President, Mary B. Lynch, Columbia; secretary, Mary D. Osborne, State Board of Health, Jackson.

**New Hampshire:** The second quarterly meeting of THE NEW HAMPSHIRE GRADUATE NURSES' ASSOCIATION was held at the Memorial Hospital, Nashua, with Section meetings in the morning, well attended. In the afternoon, Annie McWeeney gave a talk on Artificial Respiration with a demonstration. A social hour followed with the Memorial Hospital Alumnae.

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**New Jersey:** THE NEW JERSEY LEAGUE OF NURSING EDUCATION had an interesting meeting on December 3, at the City Hospital, Newark. Caroline Stackpole, of Columbia University, was the speaker of the evening, her subject being: Teaching Anatomy and Physiology in Schools of Nursing.

**Pennsylvania:** THE PENNSYLVANIA STATE LEAGUE OF NURSING EDUCATION, at its recent annual meeting, elected the following officers: President, Mary C. Eden, Philadelphia; vice presidents, Elizabeth F. Miller, Harrisburg, Nina A. Smith, Sayre; secretary, Anna L. Meier, Philadelphia; treasurer, Emma C. Smith, Pittsburgh; directors, Sister Ethelreda, Roberta West, Helen Pratt, Margaret Dunlop.

**West Virginia:** The twentieth annual meeting of the WEST VIRGINIA STATE NURSES' ASSOCIATION was held in the Chancellor Hotel, Parkersburg, September 23-25. The meeting was called to order by the president, Mrs. Kathryn Trent, of Charleston, and the invocation was offered by Rev. Charles Pinchback. In well chosen words Mayor W. E. Stout, of Parkersburg, welcomed the nurses and assured them the city officials would coöperate in any way they could. Mrs. Harriet C. Lounsbury, Past President of the State Association, made the response and in a few words cited the growth of the association. Dr. F. LeM. Hupp, Wheeling, President of the Examining Board for Nurses, was the first speaker, and following his address, Mrs. Trent, the President, made a short address. The reports of the secretary and of the treasurer were read and accepted. Reports of the various committees were given, among them that of the meeting of the A.N.A., by Mary E. Reid, delegate of the committee on Red Cross Nursing Service in West Virginia. Mrs. Jean T. Dillon, a delegate for the State Association, made the report for that body. The afternoon session was devoted to the Superintendent's Section, and S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, was the principal speaker. She chose for her topic, Organization, and her paper brought about much discussion. In the evening an open meeting was held in the Baptist Church at which time the national representatives were introduced: S. Lillian Clayton, President of the American Nurses' Association; Mrs. Anne L. Hansen, President of the National Organization for Public Health Nursing, and Clara D. Noyes, Director Nursing Service, American Red Cross; also Anne Huber, President Public Health Association, York, Pa. Rev. John Gass of Charleston, was the speaker of the evening and he chose for

his subject The Nurse's Place in a Democracy. The first part of Friday morning's session was devoted to business, and the latter half to round table discussions, each of the three groups having its own program. The afternoon session was given over to the Public Health Section, when Mrs. Anne L. Hansen spoke on Standards in Public Health Nursing. This splendid address was followed by a paper by Anne Huber, after which Miss M. L. Woughter, Secretary American Heart Association, gave an illustrated talk on Diseases of the Heart.

On Saturday morning it was a pleasure to have present Governor Howard M. Gore. Governor Gore paid high tribute to the profession as a whole and also gave us an insight into the trials of the life of a governor. At a meeting of the Private Duty Section, which was held in the afternoon, Clara D. Noyes very thoroughly explained the way in which the Red Cross acts, choosing for her subject, The Nurse in Disaster. Katherine Faville, formerly Field Representative American Red Cross, for West Virginia and Kentucky, talked on the Red Cross Nursing Program for West Virginia, and the program was concluded with a paper by Jessie J. Turnbull, Superintendent, Elizabeth Steel Magee Hospital, Pittsburgh, and President of the Pennsylvania State Nurses' Association. All of these papers will be given in full in the proceedings of the meeting. The nominating committee reported the following officers elected: President, Nell Robinson, Wheeling; vice presidents, Maggie W. Davis, Clarksburg, Alice Moore, Wheeling; secretary-treasurer, W. Louise Kochert, Mannington; directors, Mrs. C. W. Trent, Mrs. C. R. Madden, Sister M. Euphrasia. Among the social events enjoyed were an automobile ride, a banquet given by the Parkersburg nurses, and a luncheon given by the Medical Association of Parkersburg. The next meeting will be held in Wheeling. On November 6, the Board of Directors met in regular session, at the Ohio Valley General Hospital, Wheeling, at which time the following committees were appointed: Membership, Program, Arrangements, Publicity, Relief, Revision, Finance, and Legislative. It was decided to carry on an educational program through the use of printed bulletins which are to be sent to each nurse and to all other interested persons. The State Nurses' Association has gone on record as approving the tentative Code of Ethics as submitted in the August issue of the *American Journal of Nursing* and so far as we know, West Virginia is the only state to have taken such action.

### District and Alumnae News

**Florida: Orlando.**—District No. 8 has opened a Central Registry for Nurses. The Registrar is Mrs. Walter Bradford, R.F.D. 2. At present the Registry has an enrollment of sixty nurses.

**Georgia: Atlanta.**—THE PUBLIC HEALTH SECTION OF THE FIRST DISTRICT was held in the Mayor's Reception Room, City Hall, December 6. Officers were elected as follows: Ruby Falls, Chairman; Miss Greenwood, Vice Chairman; Annie Laurie Greene, Secretary. Lillian Alexander was made Chairman of the Program Committee. Jane VanDeVrede gave a talk on the service the national offices render to the local organizations and emphasized the individual's responsibility toward the national organization. **Augusta.**—At the annual meeting of the SECOND DISTRICT, the following officers were elected: President, E. Alma Brown; vice president, Vivian Kay; secretary, Mandelle Wren, 638 Crawford Avenue; treasurer, Margaret Dorn. **Savannah.**—The regular meeting of the FOURTH DISTRICT was held at the Oglethorpe Sanitarium, November 24. Committee chairmen read reports on Ways and Means, Relief Fund, Education and Publicity. Eloise Brady was appointed to select a floor lamp as a gift to the Fresh Air Camp for Tuberculous patients recently opened.

**Illinois: Peoria.**—The SEVENTH DISTRICT has had an unusually active and interesting year. Programs have been held at the different institutions of the district and different sections have taken charge of the program at several of the meetings. The December meeting was held at the State Institution for the Insane at Bartonville, and the regular business meeting with reports from the committees were heard. Then followed plans and discussion for the annual meeting in February, when Prof. Bailey of Northwestern University will address the meeting. There was discussion of working in conjunction with the social workers and making this a large public gathering to get Prof. Bailey's message to as many public spirited people as possible. The Medical Society and student nurses are to be guests of the District.

**Indiana: Ft. Wayne.**—The eighth annual meeting of the FIRST DISTRICT ASSOCIATION was held November 13, with luncheon at the LaFontaine Hotel, Huntington. There were seventy-two present. Dr. Good of Huntington gave a very interesting talk on his trip abroad, and Rev. Mr. White gave a short

talk on St. Barnabas Guild for Nurses. The reports were especially interesting and showed an active year for the Association. The next meeting will be held January 8, at the Methodist Hospital.

**Iowa: Des Moines.**—SEVENTH DISTRICT NURSES' ASSOCIATION entertained all nurses in attendance at State Teachers' meeting, November 4, at a dinner given at the Grant Club. This was the regular district meeting and a splendid report of the state meeting given. **Mason City.**—Verna Dillabough of Winnepeg General Hospital has recently assumed the position of surgical supervisor of Parks Hospital.

**Maryland: Baltimore.**—THE CENTRAL DIRECTORY is establishing an hourly nursing service. MERCY HOSPITAL ALUMNAE have decided to discontinue their separate directory and use the Central Directory.

**Massachusetts: Jamaica Plain.**—The October meeting of the EMERSON HOSPITAL ALUMNAE ASSOCIATION was held at the nurses' rest home, "Fairview," Rowley. Miss Wieck's hospitality was enjoyed by all. At the business meeting it was voted that \$100 of the \$225 made at the rummage sale in June, be given to the Training School.

**Michigan: Marquette.**—Nurses of Iron Mountain have established four scholarships, of \$100 each, for honor high school students who wish to enter training schools for nurses.

**Muskegon.**—Mary C. Wheeler, General Secretary of the Michigan State Nurses' Association, conducted a very interesting and profitable institute for the Muskegon District during the week of November 15 at the Hackley Nurses' Home. On December 1, the annual meeting of the Muskegon District was held and the following officers were elected: President, Amy Beers; vice presidents, Ellen Anderson, Katherine Fitzpatrick; secretary, Emily Malpas; treasurer, Ella Rousell, and two directors.

**New Hampshire: Laconia.**—Edith Clapp, Field Secretary for the American Nurses' Association, gave an interesting talk to Franklin and Laconia nurses at the Laconia Hospital, November 10. THE LACONIA HOSPITAL ALUMNAE held a special meeting on December 10 to which students and others eligible for membership were invited. Anna C. Lockerby, President of the Graduate Nurses' Association, was the speaker.

**New Jersey: Newark.**—THE HOSPITAL FOR WOMEN AND CHILDREN has organized its School of Nursing. Five preliminary students

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have started with the new school. Besides carrying the full curriculum and hospital duty, on the second Friday evening of the month their "Nightingale Literary Club" has its meeting. Two prepared papers on various topics, other than nursing, are read each time. Two of the other students act as hostesses of the evening. The students are spurred on in their work by the prospect of a new Nurses' Home, already started. There will be a very well equipped teaching unit, laboratories both chemical and dietetic, demonstration room and lecture room, also a large Gymnasium besides attractive living rooms and single bed rooms.

**New York: New York.**—On November 17 the members of the New York Industrial Nurses' Club and their friends, to the number of seventy-five, were the guests of Sara Burns, Superintendent of the Skin and Cancer Hospital. After supper Dr. Thorne addressed the nurses on Skin Diseases, and used lantern slides to illustrate his subject. He was followed by Dr. Semkin, who lectured on cancer. The December meeting of the Club was held December 9, at the Central Club for Nurses. Mrs. Lillian Backus, of the Service Department of the Greater New York Savings Bank, Brooklyn, was the speaker, her subject being, Budgeting Families.

**Ohio: Akron.**—On Tuesdays, during November, Miss Brouse met nurses who wished to review in preparation for state board examinations. On November 18, the *Journal Club* met, led by Mary Waring, when articles published in the November *Journal* were discussed. **Cincinnati.**—DISTRICT 8 held its November meeting at the General Hospital with a talk by Dr. Julian Benjamin on Essential Facts in Health Education. The December meeting was held at the Jewish Hospital with a Christmas program. Marguerite Fagen was elected Chairman of the Nursing Council of the Public Health Federation. **THE GOOD SAMARITAN HOSPITAL ALUMNAE** is raising money for the new hospital building fund. **Columbus.**—An impressive service was held at White Cross Hospital, December 8, when 42 students completed their probation and were received into the school. Addresses were given by Caroline McKee, Chief Examiner of the State Board, and by Dr. John G. Benson. All the students were high school graduates and others had some college work. The Board is hoping to establish a five-year course during the coming year. Two members of the 1926 class have accepted the offer of the Board for two years of college work at the Ohio State University.

**Pennsylvania: Altoona.**—On October 26,

Grace Blackwell gave a very interesting talk at the Altoona Hospital on the training school in Armenia, which she had organized. **Ashland.**—The annual meeting of the Alumnae Association of Ashland State Hospital was held at Marble Hall, Mount Carmel, when the following officers were elected: President, Ida J. Lockett; vice president, Anna T. Jenkins; secretary, Kathryn Lawler; treasurer, Mrs. W. J. Jacques. Following the business, a very instructive lecture and demonstration on Orthodontia by H. L. Logan, D.D.S., Mount Carmel, was given. **Philadelphia.**—At the annual meeting of the HOWARD HOSPITAL ALUMNAE ASSOCIATION, the following officers were elected: President, Frances Loftus; vice president, Agnes Holland; corresponding secretary, Edith Taylor; recording secretary, Agnes Wilson; treasurer, Julia Meade; and three directors. **Pittsburgh.**—The annual meeting of the NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL was held at the hospital, December 6. The officers for 1927 were elected as follows: President, Emma Scheidecker; vice presidents, Helen Gleichert, Mae Perrine; treasurer, Maude Burgener; secretary, Elizabeth Sachs; and one director.

**Tennessee: Chattanooga.**—DISTRICT 4 held its regular meeting at the Baroness Erlanger Hospital nurses' home, December 9. Among other business transactions, the Association voted to send to the *Chattanooga Times*, \$10, to be put with other donations for Chattanooga's neediest families. A special social program was prepared. Two nurses, one representing the nurse of *yesterday* and another representing the nurse of *today*, were presented in their respective uniforms. Each gave a short talk which held the interest of all present. The Lighting of the Seven Candles, as given in the *American Journal of Nursing*, by Carrie B. Wead, was beautifully demonstrated by Elvira Moore and Rose Gallagher. What each candle represented was read by Miss Moore, while Miss Gallagher lighted the candles. There were fifty-eight members present besides the Senior nurses from the respective training schools.

**West Virginia: Huntington.**—THE HUNTINGTON GRADUATE NURSES' ASSOCIATION met on November 24, at the Y. W. C. A. The President, Mrs. Virginia Summers, presided. As it was Pupil Nurses' night, the attendance was large, 20 regular members and 40 pupil nurses from the Guthrie and the Chesapeake and Ohio hospitals. After a short business meeting, the members adjourned to the gymnasium, where the Social Secretary of the

Y. W. C. A. took charge. All joined in games. Meetings of the Association are held monthly in the evening, and the students are entertained twice a year. A Christmas gift of at least \$25 is made each year to some charity; this year it was given to the Y. W. C. A. in appreciation for the use of their rooms. The sum of \$112 was also given toward the salary of the educational secretary of the State, this amount being obtained by various sales and entertainments. Last year a class in Parliamentary Law was held with gratifying results.



### Deaths

**Augusta Howell** (class of 1921, St. Elizabeth's Hospital, Brighton, Mass.) in November.

**Flora E. King** (class of 1899, Park Avenue Hospital, Denver, Colo.) on November 12, at Denver, after a long illness.

**James Edward Maund** (class of 1890, old Bellevue Training School, New York City) on November 24, at Huron Mountain Club, Huron Mountain, Mich. Mr. Maund will long be remembered by his many acts of kindness, benevolence and cheer.

**Beulah Meeds** (class of 1919, West Philadelphia Hospital for Women, Philadelphia, Pa.) on September 26, after an illness of several months at the Hospital, where she was an instructor for several years. Miss Meeds was a faithful alumnae member and was a success in all her work.

**Esther Haddon Pease** (class of 1921, Homeopathic Hospital, Syracuse, N. Y.) suddenly, on October 25, in Utica, from complications following an operation for gall stones and appendicitis. Miss Pease did institutional work in Detroit and Clifton Springs, and some private duty. She loved her work and gave herself devotedly to it.

**Mrs. Norman Randlett (Josephine Zahniser, class of 1902, West Pennsylvania Hospital, Pittsburgh, Pa.)** suddenly, on the evening of October 15. Mrs. Randlett was ever a friend to the friendless, the advocate of the oppressed, fearless in her stand for the right, a true friend. Her cheery presence will be missed, she always radiated kindliness and good will.

**Elizabeth Daisy Robertson** (class of 1903, Mary Thompson Hospital, Chicago, Ill.) on August 15, in Cresson, Pa. Miss Robertson went to Egypt in 1904, as a nurse in the American Mission Hospital in Tanta, returning to America in 1907. In 1910, she returned to Egypt as Superintendent of the Hospital, which position she held until 1914. She then became superintendent of the Tarentum Hospital of Tarentum, Pa., resigning in 1917, to go to France with a unit of five sent out by the American Fund for French Wounded. After very active work, she was taken ill with influenza, which led to tuberculosis. She returned to America in 1919, very ill, entering a sanitarium at once. Miss Robertson was the ideal nurse, a strong and efficient executive, and a loved and respected woman.

**Margaret M. Ryer** (class of 1918, N. Y. Post Graduate Hospital, New York) after a long illness of tuberculosis, at Flushing, L. I. Miss Ryer was one of three sisters graduated from the Hospital. She was an excellent nurse, very conscientious and possessed of a beautiful character.

**Elizabeth Hamill Stewart** (class of 1903, Medico-Chirurgical Hospital, Philadelphia, Pa.) on October 10. In 1911, Miss Stewart went to Teheran, Persia, where she gave the best years of her life as assistant to Dr. Susan Moody, helping hundreds of women who would not be cared for by a male physician. She was unrivaled as an anesthetist. Miss Stewart returned to this country in January, 1925.



**“W**HAT is death? A little broadening of a ripple upon the eternal shore,  
A little loosening of the bonds that cripple—this and nothing more.  
What is death? A parting of the cloud above us which hides the sun,  
A golden vision of the souls that love us, and labor done.”

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## About Books

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**FOUNDATIONS OF METHOD.** Informal Talks on Teaching. By William Heard Kilpatrick, Ph.D. 371 pages. The Macmillan Company, New York. Price, \$2.

**A**NYONE who has read *The Human Nature Club* by Edward L. Thorndike, will be reminded of that book which is an informal discussion of psychology, when she takes up Dr. Kilpatrick's *Foundations of Method*.

This is a discussion of teaching, apparently by teachers, some of whom have attended current lectures upon that subject. The number participating in the discussion is not clear, but two personalities stand out, representing two types of teachers. One is the student type who thinks of the application of the principles of education and laws of learning to the concrete instances at hand. The other makes such applications with difficulty and is inclined to regard the theory and the practice of teaching as two entirely separate things. Consequently the thoughtless questions or those showing lack of correlation which might come from a reader of that type, are answered patiently and in detail by the student who has thought more about these things.

The feature that makes this book of value to teachers in the profession of nursing, is that it is not written with any particular group of school teachers in mind, but can be used by any who are leaders of others. Parents and teachers are leaders, and leaders of any kind are teachers, so that we could almost apply Axiom One of geometry.

In the opening chapter, *The Wider versus the Narrow Problem of Method*, the principle is brought out which all true teachers have felt, that her work is not confined to the lesson of the hour, nor is her teaching always conscious. As one recalls the teacher who has had the

most lasting influence on one's life, it is not usually the subject matter which she taught, but the outlook on life, or the way of approaching work which she stood for, which one thinks of first.

One's method of teaching should be founded upon a thorough knowledge of psychology and of those to be taught and how to apply the one to the other. So Dr. Kilpatrick, in this conversational style, has taken the points of psychology that underlie principles of teaching and has made them so simple and understandable, that even the teacher of type two, is convinced of their truth.

As one glances over the headings of the twenty-one chapters, that of Chapter two strikes the keynote of the first half of the book: *What Learning Is and How It Takes Place*. We see the effect of the attitude or way one feels toward the subject or teacher on learning, showing the importance of establishing a friendly classroom atmosphere. The term "purposeful activity" is used, rather than "project," which is a relief as better expressing the meaning of the method, and seeming to be less elaborate and more applicable to teaching of nursing subjects.

The chapter on *Meaning and Thinking* is of interest because it presents thinking under a new aspect. Young people are usually fond of adventure and interested in looking into the future, but we all know how very difficult it is to get them to think. In fact, Thomas Huxley said:

There is no expedient to which a man will not resort in order to avoid thinking.

This chapter calls thinking an adventure into the unknown future. Any instance of thinking runs up the scale from great uncertainty to very reliable certainty. Thinking is what we expect and since, in this complex world, the outcome depends on human fallibility,

it is more or less uncertain. Perhaps if we could impress upon our students the conception of thinking as an adventure, it would have more charm for them.

At the end of each chapter, a list of references for further study is given, arranged in preferred order of reading. This should be of great assistance to one obliged to depend on reading by herself, for this book, well digested, will give an excellent foundation for more extended readings among authors who have not succeeded so well in getting down to the intelligence of the ordinary mind.

SUSIE A. WATSON, R.N.

*Simmons College,  
Boston, Mass.*

TEXT-BOOK OF NURSING TECHNIQUE.  
By Irene V. Kelley, R.N. Illustrated.  
366 pages. W. B. Saunders Company,  
Philadelphia. Price, \$2.50.

THE aim of the textbook is to suggest methods which may be used as a guide for the practical demonstrator. The book as a whole is very satisfactory. A criticism that might be made is the omission of the purpose for each demonstration in the Preliminary Course. For instance, such an arrangement as the following would be helpful:

Douching a patient externally:

*Purpose:*

1. To cleanse the parts.
2. To prevent infection.
3. To aid in the healing of the area.
4. To add comfort to the patient.

*Temperature of the water:*

100 degrees F. Caution: Always take the temperature of the water to avoid burning the patient.

*Material:*

1. Graduated measure.
2. Bath thermometer.
3. Bedpan.

*Procedure:*

(Continue to write the procedure in detail.)

The demonstrations presented to our preliminary students should be very clear and well impressed on their minds in the beginning. I should like to suggest that a few of the demonstrations which are planned for the second semester, such as douches, making of an ether bed and assisting putting the ether patient in bed, nursing care of a patient after a perineorrhaphy and after a hemorrhoid operation, giving a hypodermic injection, and a few others, should be demonstrated in the preliminary course. It seems to the writer that they would be better prepared to care for their patients after receiving their uniform.

SISTER ELZEAR.

*Rochester, Minn.*

### Books Received

A BRIEF HISTORY OF THE CANADIAN NURSES' ASSOCIATION. 108 pages. Canadian Nurses' Association, Winnipeg. Price, 50 cents.

The Superintendents of Training Schools for Nurses in Canada organized in 1907, and the following year, the president, Mary Agnes Snively, became imbued with the idea of a larger organization of nurses which might become a member of the International Council of Nurses. With Miss Snively to conceive was to act, and the fully organized national nurses' association became a member of the I. C. N. in 1909. The stories of the splendid development of the Association, of the purchase of the official magazine, *The Canadian Nurse*, of the brilliant war service of Canadian nurses, are all set down with dignity and spirit. The little book contains excellent portrait reproductions of some of Canada's most revered nurses and a picture of the beautiful memorial recently placed at Ottawa.

A CORRECTION.—In the December *Journal*, under Books Received, the price of Williams' Anatomy and Physiology was given as \$3, which was the price of the first edition. The new, second edition sells for \$2.75.

## Official Directory

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**International Council of Nurses.**—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

**The American Journal of Nursing Company.**—President, Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.; S. Lillian Clayton, Philadelphia; Sally Johnson, Boston; Evelyn Wood, Chicago, and Stella M. Goostray, Philadelphia. Headquarters and editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

**Committee on the Grading of Nursing Schools.**—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

**The American Nurses' Association.**—Headquarters, 370 Seventh Ave., New York. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19. Mass. Headquarters Secretary, Janet M. Geister, 370 Seventh Ave., New York. Sections: **Private Duty**, Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. **Mental Hygiene**, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation**, Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. **Government Nursing Service Section**, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. **Relief Fund Committee**, Chairman, Mrs. Janet F. Peterson, 781 East Orange Grove Ave., Pasadena, Cal. **Revision Committee**, Chairman, Dora M. Cornelisen, Room 329, Ham Bldg., St. Paul, Minn.

**The National League of Nursing Education.**—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Bell McCleery, Evanston Hospital, Evanston, Ill. Treas., Marian Rottman, Bellevue Hospital, New York. Executive Secretary, Blanche Pfefferkorn, 370 7th Ave., New York.

**The National Organization for Public Health Nursing.**—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

**Isabel Hampton Robb Memorial Fund Committee.**—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

**New England Division, American Nurses' Association.**—President, Sally

Johnson, Massachusetts General Hospital, Boston, Mass. Sec., Esther Dart, Stillman Infirmary, Cambridge, Mass.

**Middle Atlantic Division.**—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Sec., Annie Crighton, University Hospital, Baltimore, Md.

**Northwestern Division, American Nurses' Association.**—President, Grace Phelps, 616 Lovejoy St., Portland, Ore. Sec., Mayme Kube, Good Samaritan Hospital, Portland, Ore.

**Nursing Service, American Red Cross.**—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

**Army Nurse Corps, U. S. A.**—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

**Navy Nurse Corps, U. S. N.**—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

**U. S. Public Health Service Nurse Corps.**—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

**Nursing Service, U. S. Veterans' Bureau.**—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

**Department of Nursing Education, Teachers College, New York.**—Director, Isabel M. Stewart, Teachers College, Columbia University.

### State Associations of Nurses

**Alabama.**—President, Annie M. Beddow, Norwood Hospital, Birmingham. Sec., Grace Hoerig, St. Vincent's Hospital, Birmingham. President examining board, Helen MacLean, Walker County Hospital, Jasper. Sec., Linna H. Denny, 1808 N. Seventh Ave., Birmingham.

**Arizona.**—President, Mrs. Gertrude Russell, Box 822, Phoenix. Sec., Mrs. Regina Hardy, 1020 Highland Ave., Tucson. President examining board, Kathryn G. Hutchinson, Tombstone. Sec.-treas., Catherine O. Beagin, Box 248, Prescott.

**Arkansas.**—President, Marie McKay, Russellville. Sec., Blanche Tomaszewska, 1004 W. 24th St., Pine Bluff. President examining board, Walter G. Eberle, M.D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

**California.**—President, S. Gotea Dozier, 2037 Larkin St., San Francisco. Sec., Mrs. J. H. Taylor, 743 Call Bldg., San Francisco. State League President, Daisy Dean Urch, 823 Sun Finance Bldg., Los Angeles. Sec., Helen W. Faddis, Pasadena Hospital, Pasadena. Director, Bureau of Registration of Nurses, Anna C. Jamme, State Building, San Francisco.

**Colorado.**—President, Ella L. Maguiness, 3015 High St., Denver. Secretary, Ruth Gray,

**Cragmoor**, Colorado Springs. State League President, Laura Elder, St. Luke's Hospital, Denver. Sec., Mary Carney, St. Joseph's Hospital, Denver. President examining board, Luella Morrison, Children's Hospital, Denver. Sec., Louise Perrin, State House, Denver.

**Connecticut**.—President, Abbie M. Gilbert, 51 Broad St., Middletown. Sec., Amber L. Forbush, 46 Durham Ave., Middletown. State League President, Harriet Leck, 47 Allyn St., Hartford. Sec., Mary Gerow Trites, Hartford Hospital, Hartford. President examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Sec., Mrs. Winifred A. Hart, 109 Rocton Ave., Bridgeport.

**Delaware**.—President, Mrs. Helen T. Wisehart, Homeopathic Hospital, Wilmington. Sec., Ione M. Ludwig, 1112 Shallcross Ave., Wilmington. President examining board, Frank F. Pierson, M.D., 1007 Jefferson St., Wilmington. Sec., Mary A. Moran, 1313 Clayton St., Wilmington.

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